
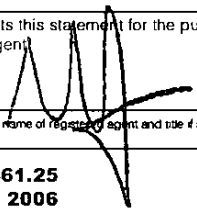
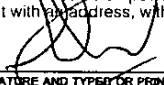


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90272 019 ****61.25

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # N99000004689 1. Entity Name THE FOUNTAINS I CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 15645 S.W. 74TH CIRCLE DRIVE 2 MIAMI, FL 33193 | | | | Mailing Address PO BOX 440067 MIAMI, FL 33144 US | |
| 2. Principal Place of Business 7655 NW 50 ST | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State MIAMI FL | | City & State | | | |
| Zip 33166 | | Country USA | | 4. FEI Number 65-1049773 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent PEREZ SIAN, FRANK 7001 SW 87 CT MIAMI, FL 33173 | | | 7. Name and Address of New Registered Agent Name: UNLIMITED PROPERTY MANAG. Street Address (P.O. Box Number is Not Acceptable): 7655 NW 50 ST City: MIAMI FL Zip Code: 33166 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE:  DATE: 04/24/06 <small>Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to: Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CABRERA, SHINUET 7001 SW 87 CT MIAMI, FL 33173 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/D BAEZ, Francisco 7001 SW 87 CT Miami, FL 33166 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TORRES, MAGDA 7001 SW 87 CT MIAMI, FL 33173 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D PEREZ, Yadileidy 7001 SW 87 CT Miami, FL 33166 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D BLANCHET, Evelyn 7001 SW 87 CT Miami, FL 33166 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D CABRERA, Shinuet 7001 SW 87 CT Miami, FL 33166 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/D LARIOS, Mariene 7001 SW 87 CT Miami, FL 33166 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | 4/24/06 (205) 5539731 Date Daytime Phone # | | |