


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90145 045 ****61.25

DOCUMENT # N99000006341

1. Entity Name
THE FOUNTAINS AT FONTAINEBLEAU CONDOMINIUM NO. THREE ASSOCIATION, INC.



Principal Place of Business
9360 SUNSET DRIVE
252
MIAMI, FL 33173 US

Mailing Address
9360 SUNSET DRIVE
252
MIAMI, FL 33173 US



2. Principal Place of Business
9330 FONTAINEBLEAU BLVD

3. Mailing Address
9330 FONTAINEBLEAU BLVD

Suite, Apt. #, etc.

03312005 Chg-NP CR2E037 (10/03)

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip Country
33172 MIAMI-DADE

Zip Country
33172 MIAMI-DADE

4. FEI Number
65-1011238

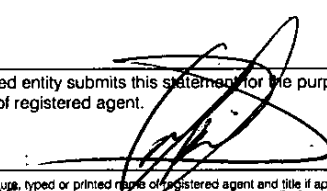
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MELONI, EDO
900 S.W. 40TH AVENUE
PLANTATION, FL

7. Name and Address of New Registered Agent
 Name
V.T.J. MANAGEMENT INC - VIRGILIO MARTIN
 Street Address (P.O. Box Number is Not Acceptable)
9330 FONTAINEBLEAU BLVD
 City **MIAMI** FL Zip Code **33172**

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:  **4/4/2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE
VIRGILIO MARTIN, PRESIDENT

Filing Fee is **\$61.25**
Due by May 1, 2005

9. Election Campaign Financing - Trust Fund Contribution. **\$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 HAROLD, RAS 9360 SUNSET DRIVE #252 MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (T) ODALYS TORRES 9350 FONTAINEBLEAU BLVD. APT 312 MIAMI FLORIDA 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERNADEZ, MARIA 9360 SUNSET DRIVE #252 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR (D) HERNADEZ, MARIA 9350 FONTAINEBLEAU BLVD. APT 512 MIAMI FLORIDA 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TELLAS, JOSE A 9360 SUNSET DRIVE #252 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT (P) TELLAS, JOSE A 9350 FONTAINEBLEAU BLVD. APT 502 MIAMI FLORIDA 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD PEREIRA, PEDRO R 9360 SUNSET DRIVE #252 MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT (VP) JENSSEO LOPEZ 9350 FONTAINEBLEAU BLVD. APT. 612 MIAMI FLORIDA 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALES, RENE L 9360 SUNSET DRIVE #252 MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (S) DIANA ALVAREZ 9350 FONTAINEBLEAU BLVD. APT. 603 MIAMI FLORIDA 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/4/2005 (305) 229-1411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #