

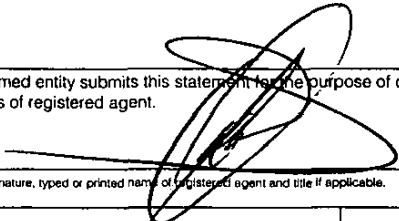
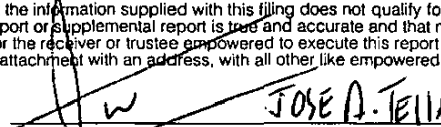


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90026 001 ****61.25

DOCUMENT # N99000006341					
1. Entity Name THE FOUNTAINS AT FONTAINEBLEAU CONDOMINIUM NO. THREE ASSOCIATION, INC.					
Principal Place of Business 9330 FONTAINEBLEAU BLVD MIAMI, FL 33172 US			Mailing Address 9330 FONTAINEBLEAU BLVD MIAMI, FL 33172 US		
2. Principal Place of Business 9350 FONTAINEBLEAU BLVD		3. Mailing Address 9330 FONTAINEBLEAU BLVD		 01052006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 65-1011238	
Zip 33172		Country MIAMI-DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33172		Country MIAMI-DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, VIRGILIO 9330 FONTAINEBLEAU BLVD MIAMI, FL 33172			7. Name and Address of New Registered Agent Name VITJ MANAGEMENT - 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 		VIRGILIO MARTIN - PROPERTY MANAGER		DATE 01/12/2006	
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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TORRES, ODALYS		NAME		
STREET ADDRESS	9350 FONTAINEBLEAU BLVD APT 312		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERNADEZ, MARIA		NAME		
STREET ADDRESS	9350 FONTAINEBLEAU BLVD APT 512		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TELLAS, JOSE A		NAME		
STREET ADDRESS	9350 FONTAINEBLEAU BLVD APT 502		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOPEZ, RENSSO		NAME		
STREET ADDRESS	9350 FONTAINEBLEAU BLVD APT 612		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALAVAREZ, DIANA		NAME		
STREET ADDRESS	9350 FONTAINEBLEAU BLVD APT 603		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		JOSE A. TELLA		DATE 01/12/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # 305-577-7329	