

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N42993 (8)**

1. Corporation Name

**FOUNTAIN PARK VILLAGE HOMES CONDOMINIUM ASSOCIATION INC.**

Principal Place of Business

Mailing Address

THE TIMBERLAKE GROUP, INC.  
5050 NW 74TH AVE.  
MIAMI FL 33666  
US

THE TIMBERLAKE GROUP, INC.  
5050 NW 74TH AVE.  
MIAMI FL 33666  
US



3. Date Incorporated or Qualified

**04/15/1991**

3a. Date of Last Report

**08/14/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

---DUGGER, RACHEL---  
---THE TIMBERLAKE GROUP, INC.---  
---5050 NW 74TH AVE.---  
---MIAMI FL 33666---  
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81 Name **Robert A. Dugger,**

82 Street Address (P.O. Box Number is Not Acceptable)

**The Timberlake Group, Inc.**

83 **5050 N.W. 74th. Avenue,**

84 City **Miami,**

FL 85 Zip Code **33166**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

1-31-96

(Signature required of principal registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P.D.</b>	<input type="checkbox"/> DELETE
NAME	<b>LOZANO, LALITA</b>	
STREET ADDRESS	<b>6884 NW 166TH TERR.</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE	<b>V.D.</b>	<input type="checkbox"/> DELETE
NAME	<b>SIGLIANI, AMALIA</b>	
STREET ADDRESS	<b>6716 NW 166TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE	<b>S.D.</b>	<input type="checkbox"/> DELETE
NAME	<b>PINZON, ELSA</b>	
STREET ADDRESS	<b>6864 NW 166TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, PLACIDO</b>	
STREET ADDRESS	<b>6996 NW 166TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, DAISY</b>	
STREET ADDRESS	<b>6704 NW 166TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TOBAR, MARIA</b>	
STREET ADDRESS	<b>7064 NW 166TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an amendment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

Date

552 5272

Daytime Phone #

CR2E037 (12/95)