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Apr 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 707491 (7)

1. Corporation Name

FOUNTAINVIEW ASSOCIATION, INC. #5, A CONDOMINIUM

Principal Place of Business

Mailing Address

16800 N.E. 15TH AVE
NORTH MIAMI BEACH FL 33162

16800 N.E. 15TH AVE
NORTH MIAMI BEACH FL 33162-2912



3. Date Incorporated or Qualified
06/26/1964

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number
59-1231721

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDSTEIN, SOL
16800 N.E. 15TH AVE
BLDG 5 APT 304
NO MIAMI BEACH FL 33162

81 Name

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

83

84 City

FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JANDA, COCO
STREET ADDRESS 16800 N. E. 15TH AVE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☒ DELETE

TITLE SD
NAME GOLDEN, NORMA
STREET ADDRESS 16800 N. E. 15TH AVE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☒ DELETE

TITLE TD
NAME SHERMET, RITA
STREET ADDRESS 16800 N. E. 15TH AVE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES. D
1.2 NAME GONDA, COCA
1.3 STREET ADDRESS 16800 NE 15 AVE
1.4 CITY-ST-ZIP N M B, FL 33162 ☐ Change ☒ Addition

2.1 TITLE TREASURER D
2.2 NAME GOLDSTEIN, SOL
2.3 STREET ADDRESS 16800 NE 15 AVE
2.4 CITY-ST-ZIP N M B, FL 33162 ☐ Change ☒ Addition

3.1 TITLE SECRETARY D
3.2 NAME ARONOW, SARA
3.3 STREET ADDRESS 16800 NE 15 AVE
3.4 CITY-ST-ZIP N M B, FL 33162 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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 attachment with an address.

Sara Aronow, Pres.

3/21/97

CR2E037 (9/96)