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FILED

May 08 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767722 (2)

1. Corporation Name

FONTAINEBLEAU EXECUTIVE PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% C.P.M. CORPORATION
170 OCEAN LANE DRIVE
KEY BISCAIYNE FL 33149% C.P.M. CORPORATION
170 OCEAN LANE DRIVE
KEY BISCAIYNE FL 33149-14803. Date Incorporated or Qualified
03/30/19833a. Date of Last Report
02/26/1996

4. FEI Number

59-2296936

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, NORMAN T.
250 W MASHTA DR. STE 2
KEY BISCAIYNE FL 33149

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ROTH, BOB
STREET ADDRESS 8370 W FLAGLER ST
CITY-ST-ZIP MIAMI FL1.1 TITLE TID ☒ Change ☐ Addition
1.2 NAME ROTH, BOB
1.3 STREET ADDRESS 8370 W. FLAGLER ST., STE. 125
1.4 CITY-ST-ZIP MIAMI, FL 33144TITLE STD ☐ DELETE
NAME DALE, JERRY
STREET ADDRESS 8370 W FLAGLER ST., SUITE 252
CITY-ST-ZIP MIAMI FL2.1 TITLE PID ☒ Change ☐ Addition
2.2 NAME DALE, JERRY
2.3 STREET ADDRESS 8370 W. FLAGLER ST., STE. 252
2.4 CITY-ST-ZIP MIAMI, FL 33144TITLE P/D ☒ DELETE
NAME OVIEDO, ALFONSO
STREET ADDRESS 8370 W FLAGLER ST., SUITE 110
CITY-ST-ZIP MIAMI FL 331443.1 TITLE SID ☐ Change ☐ Addition
3.2 NAME BONILLA, SERGIO
3.3 STREET ADDRESS 8370 W. FLAGLER ST., STE. 282
3.4 CITY-ST-ZIP MIAMI, FL 33144TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-97 305-361-9662

CR2E037 (9/96)