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Feb 12, 1999 8:00am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 767722

1. Corporation Name

FONTAINEBLEAU EXECUTIVE PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

% C.P.M. CORPORATION  
170 OCEAN LANE DRIVE  
KEY BISCAINE FL 33149

Mailing Address

% C.P.M. CORPORATION  
170 OCEAN LANE DRIVE  
KEY BISCAINE FL 33149



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

03/30/1983

4. FEI Number

59-2296936

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 ☐ DELETE

NAME SD  
DALE, JERRY  
STREET ADDRESS 8370 W FLAGLER ST., SUITE 252  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME PD  
BONILLA, SERGIO  
STREET ADDRESS 8320 W. FLAGLER ST., STE. 232  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME VP  
BENJAMIN, MANCIA  
STREET ADDRESS 8370 W FLAGLER SUITE 230  
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE

NAME TD  
PAIZ, RAMON  
STREET ADDRESS 8370 W FLAGLER SUITE 236  
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE

NAME D  
OVIEDO, ALFONSO  
STREET ADDRESS 8370 W FLAGLER SUITE 110  
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like employees.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

2/1/99 715-761-9662

CR2E037 (1/98)