

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90141 036 ***150.00

DOCUMENT # 767722

1. Entity Name
**FONTAINEBLEAU EXECUTIVE PLAZA CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**% C.P.M. CORPORATION
170 OCEAN LANE DRIVE
KEY BISCAVNE, FL 33149**

Mailing Address
**% C.P.M. CORPORATION
170 OCEAN LANE DRIVE
KEY BISCAVNE, FL 33149**

40044090



2. Principal Place of Business

3. Mailing Address

8370 W. FLAGLER ST. 8370 W. FLAGLER ST.

Suite, Apt., #, etc.

Suite, Apt., #, etc.

SUITE 212

SUITE 212

City & State

City & State

MIAMI - FL

MIAMI - FL

Zip

Country

Zip

Country

33144

U.S.

33144

U.S.

03312006

Chg-NP

CR2E037 (11/05)

4. FEI Number

59-2296936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

OCTAVIO FERNANDEZ

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

8370 W. FLAGLER ST.

SUITE 212

City

MIAMI

FL

Zip Code

33144

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

X Octavio Fernandez

OCTAVIO FERNANDEZ

3/31/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **D** ☐ Delete
NAME **FERNANDEZ, OCTAVIA**
STREET ADDRESS **8370 W. FLAGLER ST. #212**
CITY-ST-ZIP **MIAMI, FL 33144**

TITLE ☐ Change ☐ Addition
NAME **FERNANDEZ, OCTAVIO**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **PAIZ, RAMON**
STREET ADDRESS **8370 N FLAGLER ST. #236**
CITY-ST-ZIP **MIAMI, FL 33104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **#236**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TRINIDAD, SILVIA**
STREET ADDRESS **8370 W FLAGLER ST 200**
CITY-ST-ZIP **MIAMI, FL 33144**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **BONILLA, SERGIO**
STREET ADDRESS **8370 W. FLAGLER ST. #232**
CITY-ST-ZIP **MIAMI, FL 33144**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **#232**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE: *X Octavio Fernandez*

OCTAVIO FERNANDEZ 3/31/06 (305) 226-8181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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