


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N43445	
1. Entity Name THE FOUNTAINS OF SOUTH MIAMI CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 5801 SW 74 TERRACE SOUTH MIAMI, FL 33143	Mailing Address C/O THE JACOBS-ALFONSO GROUP P.O. BOX 562691 MIAMI, FL 33256 US
--	---

DO NOT WRITE IN THIS SPACE



04112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0279945	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THE JACOBS-ALFONSO GROUP 5801 SW 74TH TERRACE # 4 SOUTH MIAMI, FL 33143	
---	--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBSON, LISA 5801 SW 74 TERRACE, #3 S. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TO LAMPMANN, CARLISLE 5801 SW 74 TERRACE, #4 S. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D BIONDOLILLO, TOM 5801 SW 74 TERRACE # 11 S. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000725305
05/03/07-80017-014 61.25

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 all other like empowered.

SIGNATURE: Carlisle Lampmann CARLISLE LAMPMANN 4/13/07 305-794-8118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #