

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90048 017 ****61.25

DOCUMENT # 767722 1. Entity Name FONTAINEBLEAU EXECUTIVE PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8370 W. FLAGLER ST SUITE 250 MIAMI, FL 33144			Mailing Address 8370 W. FLAGLER ST SUITE 250 MIAMI, FL 33144		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2296936	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WEHBY, JOSEPH M 8370 W. FLAGLER ST SUITE 250 MIAMI, FL 33144				7. Name and Address of New Registered Agent Name Orlando Ariam Street Address (P.O. Box Numbers Not Acceptable) 10556 NW 24th St City Doral State FL Zip 33142	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY- ST- ZIP	D MESA, JORGE 8370 W. FLAGLER ST MIAMI, FL 33144 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P WEHBY, JOSEPH 8370 W. FLAGLER ST MIAMI, FL 33144 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	P Wehby, Joseph 8370 W. Flagler St, Suite 250 MIAMI, FL 33144 <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MENDIQUITA, FELIX 8370 W. FLAGLER ST MIAMI, FL 33144 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	S mendigutia, Felix 8370 W. Flagler Street, Suite 238 MIAMI, FL 33144 <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V OVIEDO, ALFONSO 8370 W. FLAGLER ST MIAMI, FL 33144 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Oviedo Alfonso 8370 W Flagler St No 110 MIAMI FL 33144 <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T PALACIO, HECTOR 8370 W. FLAGLER ST MIAMI, FL 33144 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	T Palacio, Hector 8370 W. Flagler Street, Suite 244 MIAMI, FL 33144 <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	P Paiz Ramon 8370 W Flagler St MIAMI FL 33144 <input type="checkbox"/> Addition	
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: <i>[Signature]</i> President 2/29/08 554-5301 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone</small>					