

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707385

**Entity Name:** FOUNTAINVIEW ASSOCIATION INC #3, A CONDOMINIUM

**Current Principal Place of Business:**

1400 N.E. 169TH ST.  
BLDG 3  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

1400 N.E. 169TH ST.  
BLDG 3  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 59-1114982

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OCAMPO, DORIS M  
1400 N.E. 169TH ST.  
#104  
N. MIAMI BCH., FL 33162 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PS  
Name OCAMPO, DORIS M  
Address 1400 NE 169ST #104  
City-State-Zip: N. MIAMI BCH. FL 33162

Title S  
Name APABLAZA, LILIAM  
Address 1400 NE 169 ST #214  
City-State-Zip: N MIAMI BCH FL 33162

Title T  
Name CONTRERAS, AMERICA  
Address 1400 NE 168TH STREET #312  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title V  
Name MENDOZA , EDUARDO  
Address 1531 WASHINGTON ST.  
City-State-Zip: HOLLYWOOD FL 33020

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DORIS M OCAMPO

**PRESIDENT**

**04/07/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date