

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N08351

**Entity Name:** FONTANA POINT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8245 NW 191 ST  
APT 2A  
HIALEAH, FL 33015

**Current Mailing Address:**

P.O BOX 160070  
HIALEAH, FL 33016 US

**FEI Number:** 59-2656212

**Certificate of Status Desired:** No

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

ACFD REGISTERED AGENTS, LLC  
75 VALENCIA AVE.  
SUITE 800  
CORAL GABLES, FL 33134 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:** JORGE CARBONELL

06/01/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MACHIN, FLORA HAYDEE  
Address        P.O BOX 160070  
City-State-Zip: HIALEAH FL 33016

Title            TREASURER  
Name            PADRON, FELICITO  
Address        P.O BOX 160070  
City-State-Zip: HIALEAH FL 33016

Title            SECRETARY  
Name            PIEDRAHITA, ANA MARIA  
Address        P.O BOX 160070  
City-State-Zip: HIALEAH FL 33016

Title            DIRECTOR  
Name            SIMPSON, NORMA  
Address        P.O BOX 160070  
City-State-Zip: HIALEAH FL 33016

Title            DIRECTOR  
Name            MOORE, MARGARITA  
Address        P.O BOX 160070  
City-State-Zip: HIALEAH FL 33016

*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:** FLORA H. MACHIN

PD

06/01/2017

Electronic Signature of Signing Officer/Director Detail

Date