		Certificate of Status Desired
t Registered Agent:		
ent for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Florida.
e of Registered Agent		
	Title	VD
TH G	Name	MARTINES, LUIS O
	Address	6843 MAIN STREET
014	City-State-Zip:	MIAMI LAKES FL 33014
L		
	t Registered Agent: eent for the purpose of changing its regis e of Registered Agent TTH G 8014	e of Registered Agent Title TTH G Address 8014 City-State-Zip:

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.

TREASURER

SIGNATURE: RUSSELL THOMAS

City-State-Zip: MIAMI LAKES FL 33014

Electronic Signature of Signing Officer/Director Detail

Entity Name: FOUNTAIN HOUSE CONDOMINIUM ASSOCIATION, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

6843 MAIN ST MIAMI LAKES, FL 33014

DOCUMENT# N28447

## **Current Mailing Address:**

d: No

03/18/2015

Date

Date