

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 15 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 707286 (1)

1. Corporation Name  
FOUNTAINVIEW ASSOCIATION INC #2 A CONDOMINIUM

Principal Place of Business Mailing Address  
16801 NE 14 AVE 16801 NE 14 AVE  
S102 S102  
N MIAMI BCH FL 33162 N MIAMI BCH FL 33162  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/13/1964 3a. Date of Last Report 03/03/1994  
4. FEI Number 59-1103623 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DALLINGA, ANNA  
16801 NE 14 AVE  
APT 102  
N MIAMI BCH FL 33162

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	POVILAITIS, AL
STREET ADDRESS	16801 NE 14 AVE. APT. 115
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	P
NAME	MELOTTO, NICH
STREET ADDRESS	16801 NE 14 AVE. APT. 210
CITY-ST-ZIP	N MIAMI BHC FL
TITLE	S
NAME	DALLINGA, ANNA
STREET ADDRESS	16801 NE 14 AVE APT. 102
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	T
NAME	ZIEBELMAN, MINNIE
STREET ADDRESS	16801 NE 14 AVE APT. 112
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	D
NAME	BERMAN, MELVIN
STREET ADDRESS	16801 NE 14 AVE
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	D
NAME	EISNER, NATHAN
STREET ADDRESS	16801 NE 14 AVE
CITY-ST-ZIP	N MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	MAX KLEIN
5.4 CITY-ST-ZIP	16801 N.E. 14 AVE APT 114
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DELGTE
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/95