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Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 707286 (1)  
1. Corporation Name  
FOUNTAINVIEW ASSOCIATION INC #2 A CONDOMINIUM



Principal Place of Business: 16801 NE 14 AVE S102 N MIAMI BCH FL 33162 US  
Mailing Address: 16801 NE 14 AVE S102 N MIAMI BCH FL 33162-2894 US

3. Date Incorporated or Qualified: 05/13/1964  
3a. Date of Last Report: 02/27/1996  
4. FEI Number: 59-1103623  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: DALLINGA, ANNA, 16801 NE 14 AVE APT 102, N MIAMI BCH FL 33162

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: D NAME: GIL, CYNTHIA STREET ADDRESS: 16801 NE 14 AVENUE #314 CITY - ST - ZIP: N MIAMI BCH FL	<input checked="" type="checkbox"/> DELETE
TITLE: PD NAME: MELOTTO, NICH STREET ADDRESS: 16801 NE 14 AVE #210 CITY - ST - ZIP: N MIAMI BHC FL	<input type="checkbox"/> DELETE
TITLE: SD NAME: DALLINGA, ANNA STREET ADDRESS: 16801 NE 14 #102 CITY - ST - ZIP: N MIAMI BCH FL	<input type="checkbox"/> DELETE
TITLE: TD NAME: ZIEBELMAN, MINNIE STREET ADDRESS: 16801 NE 14 #112 CITY - ST - ZIP: N MIAMI BCH FL	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: KLEIN, MAX STREET ADDRESS: 16801 NE 14 AVE #114 CITY - ST - ZIP: N MIAMI BCH FL	<input checked="" type="checkbox"/> DELETE
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD 1.2 NAME: CUNHA, GILSON 1.3 STREET ADDRESS: 16801 N.E. 14 AVE #314 1.4 CITY - ST - ZIP: N. MIAMI BEACH, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: D 2.2 NAME: MELOTTO, NICHOLAS 2.3 STREET ADDRESS: 16801 N.E. 14 AVE #210 2.4 CITY - ST - ZIP: N. MIAMI BEACH, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: TD 3.2 NAME: DALLINGA, ANNA 3.3 STREET ADDRESS: 16801 N.E. 14 AVE #102 3.4 CITY - ST - ZIP: N. MIAMI BEACH, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: SD 4.2 NAME: UDOFF, ROSE 4.3 STREET ADDRESS: 16801 N.E. 14 AVE #305 4.4 CITY - ST - ZIP: N MIAMI BEACH, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: D 5.2 NAME: BERMAN, MELVIN 5.3 STREET ADDRESS: 16801 NE. 14 AVE #309 5.4 CITY - ST - ZIP: N. MIAMI BEACH, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ P.D. 2/24/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)