


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 12, 2006 8:00 am**  
**Secretary of State**

09-12-2006 90010 046 \*\*\*\*70.00

**DOCUMENT # 707286**  
 1. Entity Name  
**FOUNTAINVIEW ASSOCIATION INC #2 A CONDOMINIUM**



Principal Place of Business  
 16801 N.E. 14TH AVE.  
 APT. #210  
 NORTH MIAMI BEACH, FL 33162 US


Mailing Address  
 16801 N.E. 14TH AVE.  
 APT. #210  
 NORTH MIAMI BEACH, FL 33162 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

**60038755**



07242006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1103623**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KAHANA, YIGAL D ESQ.**  
 12805 W. DIXIE HIGHWAY  
 NORTH MIAMI, FL 33161

7. Name and Address of New Registered Agent  
 Name  
**Jaime A. Wong**  
 Street Address (P.O. Box Number is Not Acceptable)  
**16801 NE 14 Ave Apt 210**  
 City  
**Miami** FL Zip Code  
**33162**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jaime A. Wong DATE 9/8/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**  
 Due by **September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMIREZ, CARMELO 16801 NE 14TH AVE 108 NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVARADO, OLGA 16801 NE 14TH AVE APT 110 NORTH MIAMI, FL 33162	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WONG, JAIME 16801 NE 14TH AVE APT 210 NORTH MIAMI, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRK, SUE 16801 NE 14 AVE APT 202 MIAMI, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Herbella, Oscar 16801 NE 14 Ave Apt 205 Miami, FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ruiz, Ada 16801 NE 14 Ave Apt 303 Miami, FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jaime A. Wong 16801 NE 14 Ave Apt 210 Miami, FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kirk Sue 16801 NE 14 Ave Apt 202 Miami, FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gonzales, Andres 16801 NE 14 Ave Apt 206 Miami, FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 9/8/06 786 845 2638  
Signature, typed or printed name of signing officer or director Date Daytime Phone #