


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90032 010 ****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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-1103623			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
WONG, JAIME A 16801 NE 14TH AVE APT 210 MIAMI, FL 33162			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HERBELLA, OSCAR		NAME				
STREET ADDRESS	16801 NE 14TH AVE APT 205		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33162		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RUIZ, ADA		NAME				
STREET ADDRESS	16801 NE 14TH AVE APT 303		STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI, FL 33162		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WONG, JAIME A		NAME				
STREET ADDRESS	16801 NE 14TH AVE APT 210		STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI, FL 33162		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KIRK, SUE		NAME				
STREET ADDRESS	16801 NE 14 AVE APT 202		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33162		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GONZALES, ANDRES		NAME				
STREET ADDRESS	16801 NE 14TH AVE APT 206		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33162		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: _____			Date: 2/19/07 796-8452638				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				