

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707286

FILED  
Feb 28, 2012  
Secretary of State

Entity Name: FOUNTAINVIEW ASSOCIATION INC #2 A CONDOMINIUM

**Current Principal Place of Business:**

16801 N.E. 14TH AVE.  
APT. 212  
NORTH MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

16801 N.E. 14TH AVE.  
APT. 212  
NORTH MIAMI BEACH, FL 33162 US

**New Mailing Address:**

FEI Number: 59-1103623      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASSES, CLARA  
16801 N.E. 14TH AVE.  
APT. 212  
NORTH MIAMI BEACH, FL 33162 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GUEVARA, JOSE  
Address: 16801 NE 14TH AVE APT 103  
City-St-Zip: NORTH MIAMI, FL 33162

Title: V  
Name: WALER, MARIA  
Address: 16801 NE 14TH AVE APT 309  
City-St-Zip: NORTH MIAMI, FL 33162

Title: S  
Name: GARCIA, SILVIA  
Address: 16801 NE 14TH AVE APT 114  
City-St-Zip: NORTH MIAMI, FL 33162

Title: T  
Name: MASSES, CLARA  
Address: 16801 NE 14 AVE APT 212  
City-St-Zip: NORTH MIAMI, FL 33162

Title: D  
Name: MERINO, ROYDEL  
Address: 16801 NE 14TH AVE APT 104  
City-St-Zip: NORTH MIAMI, FL 33162

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.

SIGNATURE: CLARA MASSES

T

02/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date