

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707384 (4)

1. Corporation Name
FOUNTAINVIEW ASSOCIATION, INC. #4, A CONDOMINIUM



Principal Place of Business 1480 NORTHEAST 169ST STREET NORTH MIAMI BEACH FL 33162	Mailing Address 1480 NORTHEAST 169ST STREET NORTH MIAMI BEACH FL 33162
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3. Date Incorporated or Qualified 06/03/1964	3a. Date of Last Report 01/26/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1159535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOREN, NORMAN 1480 N E 169 ST N MIAMI BEACH FL 33162	10. Name and Address of New Registered Agent 81 Name KAPLUN, MARK 82 Street Address (P.O. Box Number is Not Acceptable) 1460 NE 169 ST. 83 84 City N-MIAMI BEACH FL 85 Zip Code 33162
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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 *Mark Kaplan* **Mark Kaplan PRES** DATE **4/10/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOREN, NORMAN		1.2 NAME KAPLUN, MARK	
STREET ADDRESS 1480 N E 169 ST		1.3 STREET ADDRESS 1460 NE 169 ST.	
CITY-ST-ZIP N MIAMI BCH, FL 00000		1.4 CITY-ST-ZIP N-MIAMI BEACH, FL 33162	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IBER, BETTY		2.2 NAME PLEENER, SOPHIA	
STREET ADDRESS 1480 N E 169 ST		2.3 STREET ADDRESS 1460 NE 169 ST.	
CITY-ST-ZIP N MIAMI BCH, FL 00000		2.4 CITY-ST-ZIP N-MIAMI BEACH, FL 33162	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELEKMAN, PAULINE		3.2 NAME SOLOMON ROBERT	
STREET ADDRESS 1480 N E 169 ST		3.3 STREET ADDRESS 1460 NE 169 ST.	
CITY-ST-ZIP N MIAMI BCH, FL 00000		3.4 CITY-ST-ZIP N-MIAMI BEACH, FL 33162	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME ARRONS, MARION	
STREET ADDRESS		4.3 STREET ADDRESS 1460 NE 169 ST.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP N-MIAMI BEACH, FL 33162	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME KAUFFMAN, REBECCA	
STREET ADDRESS		5.3 STREET ADDRESS 1460 NE 169 ST.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP N-MIAMI BEACH, FL 33162	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME LEWIS, ALEX	
STREET ADDRESS		6.3 STREET ADDRESS 1460 NE 169 ST.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP N-MIAMI BEACH, FL 33162	

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.

CR2E037 (9/96)