

4-30-98 B6061 C
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FILED
 Apr 30 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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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21 2. Principal Place of Business Suite, Apt. #, etc	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified
06/03/1964

4. FEI Number
59-1159535

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**KAPLUN, MARK
 1480 N E 169 ST
 N MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	KAPLUN, MARK	1.1 TITLE D	KAPLUN, MARK
NAME		1.2 NAME	
STREET ADDRESS 1480 N E 169 ST		1.3 STREET ADDRESS 1480 NE 169 ST.	
CITY-ST-ZIP N MIAMI BCH, FL 00000		1.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33162	
TITLE VD	PLEENER, SOPHIA	2.1 TITLE VD	LEWIS, LORRAINE
NAME		2.2 NAME	
STREET ADDRESS 1480 N E 169 ST		2.3 STREET ADDRESS 1480 NE 169 ST.	
CITY-ST-ZIP N MIAMI BCH, FL 00000		2.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33162	
TITLE TD	SOLOMON, ROBERT	3.1 TITLE PTD	SOLOMON, ROBERT
NAME		3.2 NAME	
STREET ADDRESS 1480 N E 169 ST		3.3 STREET ADDRESS 1480 NE 169 ST.	
CITY-ST-ZIP N MIAMI BCH, FL 00000		3.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33162	
TITLE SD	AARONS, MARION	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS 1480 NE 169 ST		4.3 STREET ADDRESS SAME	
CITY-ST-ZIP N MIAMI BEACH FL		4.4 CITY-ST-ZIP	
TITLE D	KAUFFMAN, REBECCA	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS 1480 NE 169 ST		5.3 STREET ADDRESS SAME	
CITY-ST-ZIP N MIAMI BEACH FL		5.4 CITY-ST-ZIP	
TITLE D	LEWIS, ALEX	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS 1480 NE 169 ST		6.3 STREET ADDRESS SAME	
CITY-ST-ZIP N MIAMI BEACH FL		6.4 CITY-ST-ZIP	

1.1 TITLE D	KAPLUN, MARK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS 1480 NE 169 ST.		
1.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33162		
2.1 TITLE VD	LEWIS, LORRAINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS 1480 NE 169 ST.		
2.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33162		
3.1 TITLE PTD	SOLOMON, ROBERT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS 1480 NE 169 ST.		
3.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33162		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS SAME		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS SAME		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS SAME		
6.4 CITY-ST-ZIP		

14. I 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: _____ Robert Solomon 4/30/98

CR2E037 (10/97)