


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90004 031 ****70.00

DOCUMENT # 707384					
1. Entity Name FOUNTAINVIEW ASSOCIATION, INC. #4, A CONDOMINIUM					
Principal Place of Business		Mailing Address			
1460 NORTHEAST 169ST STREET BLDG 4 #310 NORTH MIAMI BEACH, FL 33162		1460 NORTHEAST 169ST STREET BLDG 4 #310 NORTH MIAMI BEACH, FL 33162			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1159535	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GLAZER & ASSOCIATES, P.A. 1920 EAST HALLANDAKE BEACH BLVD. STE 806 HALLANDALE, FL 33009			Name: <u>MARTA BASCOY</u> Street Address (P.O. Box Number is Not Acceptable) <u>4917 SW 767 Ave</u> City: <u>MIRAMAR</u> FL Zip Code <u>33027</u>		
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 <u>Marta Bascoy</u>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>7/12/04</u>	
Filing Fee is \$61.25 Due by September 8, 2004		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AZAN, MARCIA		NAME		
STREET ADDRESS	1460 NE 169 ST., #310		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33162		CITY-ST-ZIP		
TITLE	VP/S/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALVES, CLAUDINO		NAME		
STREET ADDRESS	1460 NE 169 ST., #202		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33162		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VARGAS, TONY		NAME		
STREET ADDRESS	1460 NE 169 ST., #105		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33162		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUEPE, JEFFREY		NAME		
STREET ADDRESS	1460 NE 169 ST., #209		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33162		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANCHEZ, MARIA		NAME		
STREET ADDRESS	1460 NE 169 ST., #201		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 exemption stated in Section 119.07(3)(f), 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: <u>Marcia Azan</u>				DATE <u>7/12/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	