

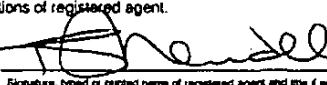


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

05-22-2006 90049014\*\*\*\*61.25  
707384

<b>DOCUMENT # 707384</b>				<b>FILED</b> 06 JUN -7 AM 11:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name FOUNTAINVIEW ASSOCIATION, INC. #4, A CONDOMINIUM					
Principal Place of Business 1460 NORTHEAST 169ST STREET #108 NORTH MIAMI, FL 33162		Mailing Address 1460 NORTHEAST 169ST STREET #108 NORTH MIAMI, FL 33162			
2. Principal Place of Business 1460 NE 169st		3. Mailing Address 1460 NE 169st			
Suite, Apt. #, etc. Apt. #201		Suite, Apt. #, etc. Apt. #201		05152008 Chg-NP CR2E037 (4/06) 06	
City & State North Miami Beach, FL		City & State North Miami Beach, FL		4. FEI Number 59-1159535	
Zip 33162		Zip 33162		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
			Name Shendell E Associates, P.A.		
			Street Address (P.O. Box Number is Not Acceptable) 3650 North Federal Highway		
			Suite 202		
			City Lighthouse Point FL		
			Zip Code 33064		
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  Tamar Shendell, President 5/18/06 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	PD VAZQUEZ, CLARA 1460 NORTHEAST 169ST STREET #303 NORTH MIAMI, FL 33162	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Maria Sanchez 1460 NE 169st #201 North Miami Beach, FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MOLINET, TSUNAMIS 1480 NE 169 ST., #108 MIAMI, FL 33162	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vicepresident Diego Aguilar 1460 NE 169st #203 North Miami Beach, FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CASTILLO, JANET 1460 NORTHEAST 169ST STREET #112 NORTH MIAMI, FL 33162	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Federico Panzita 1460 NE 169th st #106 North Miami Beach, FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Officer Clara A Vasquez 1460 NE 169th st #303 North Miami Beach, FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Clara A. Vasquez / Clara A Vasquez 5/15/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #</small>					