

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 01, 2009  
Secretary of State**

DOCUMENT# 707384

Entity Name: FOUNTAINVIEW ASSOCIATION, INC. #4, A CONDOMINIUM

**Current Principal Place of Business:**

1460 NE 169TH STREET  
APT. #201  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1460 NE 169TH STREET  
APT. #201  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 59-1159535      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

AG CORPORATE SERVICES, LLC  
5805 BLUE LAGOON DR  
STE 200  
MIAMI, FL 33126 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 ( ) Delete  
Name: SANCHEZ, MARIA  
Address: 1460 NORTHEAST 169ST STREET #201  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP ( ) Delete  
Name: AGUILAR, DIEGO  
Address: 1460 NE 169 ST., #203  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: T ( ) Delete  
Name: PANZITA, FEDERICO  
Address: 1460 NORTHEAST 169ST STREET #106  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: OFF ( ) Delete  
Name: VASQUEZ, CLARA A  
Address: 1460 NE 169TH STREET #303  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIA SANCHEZ

P

04/01/2009

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

\_\_\_\_\_  
Date