


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90466 038 ****61.25

DOCUMENT # 707384

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



Principal Place of Business
**1460 NORTHEAST 169ST STREET
NORTH MIAMI BEACH FL 33162**

Mailing Address
**1460 NORTHEAST 169ST STREET
NORTH MIAMI BEACH FL 33162**

11002713



2. Principal Place of Business
1460 NE 169st

Suite, Apt. #, etc.
Building 4 #310

City & State
North Miami Beach Fl.

3. Mailing Address
1460 NE 169st

Suite, Apt. #, etc.
Building 4, #310

City & State
North Miami, Beach, Fl.

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1159535** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

KAPLUN, MARK
1460 N E 169 ST
N MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

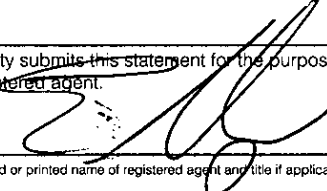
Name **Glazer + Associates, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
1920 East Hallandale Beach Blvd

Suite **806**

City **Hallandale** FL Zip Code **33009**

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  **President** DATE **4-3-03**

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	KAPLUN, MARK	
STREET ADDRESS	1460 N E 169 ST	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEWIS, LORRAINE	
STREET ADDRESS	1460 N E 169 ST	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOLOMON, ROBERT	
STREET ADDRESS	1460 N E 169 ST	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAUFFMAN, REBECCA	
STREET ADDRESS	1460 NE 169 ST	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SUERO, LUIS	
STREET ADDRESS	1460 NE 169 ST	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marcia Azan	
STREET ADDRESS	1460 NE 169 ST #310	
CITY-ST-ZIP	miami, Fl. 33162	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Claudino Alves	
STREET ADDRESS	1460 NE 169 ST #202	
CITY-ST-ZIP	miami, Fl. 33162	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tony Vargas	
STREET ADDRESS	1460 NE 169 ST #105	
CITY-ST-ZIP	miami, Fl. 33162	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY Huepe	
STREET ADDRESS	1460 NE 169 ST #209	
CITY-ST-ZIP	miami, Fl. 33162	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maria Sanchez	
STREET ADDRESS	1460 NE 169 ST #201	
CITY-ST-ZIP	miami, Fl. 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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: **Marcia Azan** DATE: **4/15/03** SIGNATURE REQUIRED: **Marcia Azan** DATE: **4/15/03** **305-944-1426**

CR2E037 (10/02)