

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707385

FILED
Apr 20, 2010
Secretary of State

Entity Name: FOUNTAINVIEW ASSOCIATION INC #3, A CONDOMINIUM

Current Principal Place of Business:

1400 N.E. 169TH ST.
BLDG 3
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

1400 N.E. 169TH ST.
BLDG 3
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 59-1114982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OCAMPO, DORIS M
1400 N.E. 169TH ST.
#104
N. MIAMI BCH., FL 33162 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
Name: OCAMPO, DORIS M
Address: 1400 NE 169ST #104
City-St-Zip: N. MIAMI BCH., FL 33162 US

Title: VP
Name: FERNANDEZ, MARIA E
Address: 1400 N.E. 169TH ST. #314
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: S
Name: AGNANT, PIERRE F
Address: 1400 NE 169 ST #105
City-St-Zip: N. MIAMI BCH., FL 33162 US

Title: T
Name: ONORO, HUMBERTO
Address: 1400 NE 169 ST #215
City-St-Zip: N MIAMI BCH, FL 33162

Title: MD
Name: ACOSTA, MARIA T
Address: 1400 NE 169 ST #208
City-St-Zip: N MIAMI BCH, FL 33162

I hereby 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 all other like empowered.

SIGNATURE: DORIS M OCAMPO

P

04/20/2010

Electronic Signature of Signing Officer or Director

_____ Date