

FILE NOW: FILING FEE IS \$61.25

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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 707491

1. Corporation Name
FOUNTAINVIEW ASSOCIATION, INC. #5, A CONDOMINIUM

Principal Place of Business
 16800 N.E. 15TH AVE #108 NORTH MIAMI BEACH FL 33162

Mailing Address
 16800 N.E. 15TH AVE #108 NORTH MIAMI BEACH FL 33162



21	2. Principal Place of Business 16800 NE. 15th Ave	26	2a. Mailing Address 16800 NE. 15th Ave	3.	Date Incorporated or Qualified 06/26/1964
22	Suite, Apt. #, etc. # 302	27	Suite, Apt. #, etc.	4.	FEI Number 59-1231721
23	City & State N Miami Beach, FL	28	City & State	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 33162	29	Country	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOLDSTEIN, SOL 16800 N.E. 15TH AVE BLDG 5 APT 304 NO MIAMI BEACH FL 33162				81	Name CARINA KREMEN - Assoc. Mgmt. Cor.		
				82	Street Address (P.O. Box Number is Not Acceptable) 20533 BISCAYNE BOULEVARD		
				83	#469		
				84	City Aventura	85	Zip Code FL 33180

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: April 22/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD LILLIAN S HORSTEIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONDA, COCA			1.2 NAME	16800 NE 15TH AVENUE		
STREET ADDRESS	16800 N.E. 15TH AVE			1.3 STREET ADDRESS	NO-105		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162			1.4 CITY-ST-ZIP	N Miami, FLA 33162		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDSTEIN, SOL			2.2 NAME			
STREET ADDRESS	16800 N.E. 15TH AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARONOW, SARA			3.2 NAME			
STREET ADDRESS	16800 N.E. 15TH AVE #302			3.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME	NESSIE GOLDSTEIN		
STREET ADDRESS				4.3 STREET ADDRESS	16800 NE 15 AVENUE		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	NO. MIAMI, FLA. 33162		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME	TILLIE SEINFELD		
STREET ADDRESS				5.3 STREET ADDRESS	16800 NE 15th AVENUE		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	UNIT 104 NO. MIAMI FLA 33162		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* PRESIDENT 4/22/99

CR2E037 (11/98)