

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90060 041 \*\*\*\*70.00

**DOCUMENT # 707491**

1. Entity Name  
**FOUNTAINVIEW ASSOCIATION, INC. #5, A CONDOMINIUM**

Principal Place of Business 16800 N.E. 15TH AVE #302 NORTH MIAMI BEACH FL 33162	Mailing Address 16800 N.E. 15TH AVE #108 NORTH MIAMI BEACH FL 33162
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1231721</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**KREMEN, CARINA**  
**ASSOC MGMT GR**  
**20533 BISCAYNE BLVD, #469**  
**AVENTURA FL 33180**

7. Name and Address of New Registered Agent  
 Name **KAEHEN, CARINA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**ASSOCIATION MANAGEMENT Gr. INC**  
**500 West Cypress Creek Road - Suite 230**  
 City **Font Lauderdale** FL Zip Code **33309**

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.

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

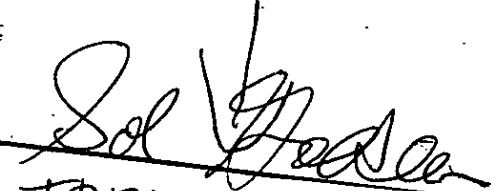
<b>FILE NOW:</b> FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SHORSTEIN, LILLIAN</b> <b>16800 NE 15TH AVENUE</b> <b>N MIAMI FL 33162</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GOLDSTEIN, SOL</b> <b>16800 N.E. 15TH AVE</b> <b>NORTH MIAMI BEACH FL 33162</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ARONOW, SARA</b> <b>16800 N.E. 15TH AVE</b> <b>NORTH MIAMI BEACH FL 33162</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOLDSTEIN, NESSIE</b> <b>16800 NE 15TH AVENUE</b> <b>N MIAMI FL 33162</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEINFELD, TILLIE</b> <b>16800 NE 15TH AVENUE</b> <b>N MIAMI FL 33162</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition

*sd*  
 Director must  
 sign  
 write title  
 & Telephone #

12. I hereby certify that the information supplied with this filing does not qualify for the exempt indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as required, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TREASURER**  
**305-919-8974**

Daytime Phone #

CR2E037 (10/00)