

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

DOCUMENT # **707491**  
 1. Entity Name  
**FOUNTAIN VIEW ASSOCIATION, INC. #5 A CONDOMINIUM**

**DO NOT WRITE IN THIS SPACE**

**980297**

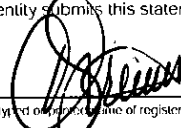
2. Principal Place of Business <b>16800 N.E. 15<sup>th</sup> AVENUE</b> Suite, Apt. #, etc. <b># 304</b> City & State <b>NR MIAMI BEACH, FL.</b> Zip <b>33162</b> Country <b>USA</b>		3. Mailing Address <b>% Association Mgmt Group Inc</b> Suite, Apt. #, etc. <b>500 West Cypress Creek Rd - 230</b> City & State <b>Font handerdale, FL</b> Zip <b>33309</b> Country <b>USA</b>	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1231721</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name  
**CARINA KREHEN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**500 WEST CYPRESS CREEK ROAD**  
**Suite 230**  
 City  
**Font handerdale** 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  **C. KREHEN / MANAGER** DATE **8/15/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


**FEE IS \$61.25**  
**Initial or Amended UBR**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/D</b> <b>SOL GOLDSTEIN</b> <b>16800 NE 15 AVENUE - #304</b> <b>NR MIAMI BEACH, FL 33162</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T/D</b> <b>NORMA (NESSIE) GOLDEN</b> <b>16800 NE 15 AVENUE - #304</b> <b>NR MIAMI BEACH, FL 33162</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S/D</b> <b>ADELAIDE JEAN</b> <b>16800 NE 15 AVENUE</b> <b>NR MIAMI BEACH, FL 33162</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LILLIAN SHORSTEIN</b> <b>16800 NE 15 AVENUE - #105</b> <b>NR MIAMI BEACH, FL 33162</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 report or supplemental reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Sol Goldstein** DATE: **8/15/02** Daytime Phone: **(305) 992-0055**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)