

**2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Jan 05, 2007  
Secretary of State**

DOCUMENT# 707491

Entity Name: FOUNTAINVIEW ASSOCIATION, INC. #5, A CONDOMINIUM

**Current Principal Place of Business:**

16800 N.E. 15TH AVE  
#304  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 630280  
MIAMI, FL 33163

**New Mailing Address:**

FEI Number: 59-1231721      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KREMEN, CARINA  
160 NW 176 STREET, SUITE 4063  
MIAMI, FL 33169      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: CARINA KREMEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: GOLDSTEIN, SOL  
Address: 16800 NE 15TH AVE -#304  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: DVP      ( ) Delete  
Name: HAZAN, JUDA  
Address: 16800 NE 15 AVENUE #115  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DS      ( ) Delete  
Name: GOLDEN, NORMA  
Address: 16800 NE 15TH AVE. #104  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D      ( ) Delete  
Name: LONDON, MARY  
Address: 16800 NE 15 AVENUE # 115  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARSHALL KREMEN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MGR

01/05/2007

\_\_\_\_\_  
Date