2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# 728167

Entity Name: FOUNTAIN SQUARE PARK ASSOCIATION, INC.

Current Principal Place of Business:

910 W. 81ST PLACE
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4942
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 59-1577777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRUZ, NICOLE
P.O. BOX 4942
HIALEAH, FL 33014 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: PD ( ) Delete
Name: CRUZ, NICOLE G
Address: 944 WEST 81 ROAD
City-St-Zip: HIALEAH, FL 33014

Title: VP ( ) Delete
Name: MARINO, NATALIA
Address: 940 WEST 81 ROAD
City-St-Zip: HIALEAH, FL 33014

Title: TD ( ) Delete
Name: VAZQUEZ, NORMA I.
Address: 8175 WEST 9TH AVENUE
City-St-Zip: HIALEAH, FL 33014

Title: SD ( ) Delete
Name: DAVID, JENNIFER
Address: 8165 WEST 9 LANE
City-St-Zip: HIALEAH, FL 33014

Title: D ( ) Delete
Name: SAUMELL-YEDRA, DALIA
Address: 8165 WEST 9 AVE
City-St-Zip: HIALEAH, FL 33014

Title: D ( ) Delete
Name: GUERRA, JORGE
Address: 905 W 81ST PL
City-St-Zip: HIALEAH, FL 33014

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:

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: NICOLE CRUZ PD 04/28/2006

Electronic Signature of Signing Officer or Director — Date