


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90036 040 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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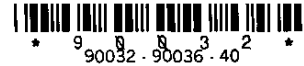
**DOCUMENT # 739061**

1. Corporation Name

**THE GOLFVIEW CLUB AT FONTAINEBLEAU PARK CONDOMINIUM NO. 2, INC.**

Principal Place of Business  
 9678 FONTAINEBLEAU BLVD.  
 MIAMI FL 33172

Mailing Address  
 9678 FONTAINEBLEAU BLVD.  
 (OFFICE)  
 MIAMI FL 33172  
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/23/1977
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1866643
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

**MIRANDA, MANUEL**  
**9678 FONTAINEBLEAU BLVD**  
**APT. 302**  
**MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, MANUEL	1.2 NAME	
STREET ADDRESS	9678 FONTAINEBLEAU BLVD., #302	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWITT, RICHARD	2.2 NAME	VD HERACLIO RODRIGUEZ
STREET ADDRESS	9678 FONTAINEBLEAU BLVD #309	2.3 STREET ADDRESS	9678 Fontanebleau Blvd. 204,
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	Miami, Fl. 33172-4163
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, AGUSTIN	3.2 NAME	D PEDRO NAVAS
STREET ADDRESS	9678 FONTAINEBLEAU BLVD #110	3.3 STREET ADDRESS	9678 Fontainebleau Blvd. 311
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Fl. 33172-4163
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE CARDENAS, ANTOLIN	4.2 NAME	ST DE CARDENAS, ANTOLIN
STREET ADDRESS	9678 FONTAINEBLEAU BLVD #109	4.3 STREET ADDRESS	9678 Fontainebleau Blvd # 109
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, Fla. 33172
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, OTILIO J	5.2 NAME	
STREET ADDRESS	9678 FONTAINEBLEAU BLVD., #410	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
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:

*Antolin De Cardenas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

Date

Daytime Phone #