

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

2001



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90075 005 ****61.25

DOCUMENT # 746146

1. Corporation Name

FOUNTAIN VIEW MANOR CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

940-950 SEVILLA AVE.
CORAL GABLES, FL 33134

A0022996

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		26		3/16/79	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		59-2079739	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
3		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
T. Russell Sherrill				81 Name	
810 S. Greenway Drive				82 Street Address (P.O. Box Number is Not Acceptable)	
Coral Gables, FL 33134				83	
				84 City	
				FL 85 Zip Code	

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	PSTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Sherrill, T. Russell	1.2 NAME	
STREET ADDRESS	810 S. Greenway Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, CECILIA	2.2 NAME	
STREET ADDRESS	950 Sevilla Ave. #2B	2.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Rhee, Sook Y	3.2 NAME	
STREET ADDRESS	950 Sevilla Ave. #1A	3.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)