

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 746146 1. Entity Name FOUNTAINVIEW MANOR CONDOMINIUM, INC.					
Principal Place of Business 940-950 SEVILLA AVE. CORAL GABLES FL 33134			Mailing Address 9655 S DIXIE HWY #109 MIAMI FL 33156		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2079739	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHERRILL, T. RUSSELL 810 S. GREENWAY DRIVE CORAL GABLES FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 	
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. I am familiar with, and accept, the obligations of registered agent					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SHERRILL, T. RUSSELL 810 S. GREENWAY DRIVE CORAL GABLES FL 33134	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, CECILIA 950 SEVILLA #2B CORAL GABLES FL 33134	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RHEE, SOOK Y 950 SEVILLA AVE. #1A CORAL SEVILLA FL 33134	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

T Russell *Sherrill*