FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

759145

(6)

FOUNTAIN COURT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address					1 100111 10011 1110 1010 11011 11011		
2243 VAN BUREN ST 2243 VAN BUREN ST							
APT. 2		APT. 2					
HOLLYWOOD FL 33020		HOLLYWOOD FL 33020-4940		3. Date Incorporated or Qualified 3a. Date of Last Report 07/13/1981 04/22/1996		rt	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applie	d For
21	and of course	26			59-2422695		oplicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			E Castinata of Cintus Desired	\$8.75 Addi	tional
22		27			5. Certificate of Status Desired	Fee Requir	ed
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution	Added to Fe		
Zip	Country	Zip	Country		8. This corporation has liability for	intangible tax under s. 199	9.032,
24	25	29 30	<u>ol</u>		Florida Statutes Yes X No		
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Ne	Aistelen Wäglir	
			"	·			
REDMON			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	N BUREN ST		83				
HOLLYW	/OOD FL 33020		63				
			84	City		FL 85 Zip Cod	е
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508. Florida Statutes	, the above	-named corp	poration submits this statement for the	urnoce of changing its re	gistered
office or r	egistered agent, or both, in the State	of Florida, Such change was aut	horized by	the corporat	tion's board of directors. I hereby acce	ot the appointment as reg	istered
	in familial with, and accept the obliga	allona or, buotien o releade, riona	da Olalolol	•			
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered Age	ent signature requi	red when rainstating)	DATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFIC		
TOLE	PD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	REDMOND, ANNE		1.2 NAME				
STREET ADDRESS	2800 VAN BUREN STREET		1.3 STREET	ADDRESS			l
CITY-ST-ZIP	HOLLYWOOD, FL 00000		1.4 CITY - S	ST-ZIP		D Observer	T Addition
TITLE	VD	DELETE	2.1 TITLE			Change [_	_j Addition
NAME	CARUSO, RAPALDA		2.2 NAME				
STREET ADDRESS	2243 VAN BUREN ST		2.3 STREET	ADDRESS]
CITY-ST-ZIP	HOLLYWOOD, FL 00000		2.4 CITY-	ST-ZIP	······································	T A	1 4 4 4 2 2 4 4 4
THILE	STD	DELETE	3.1 TITLE			☐ Change L	Addition
NAME	EMERSON, JEAN		3.2 NAME				
STREET ADDRESS	2243 VAN BUREN ST		3.3 STREET				
CITY-ST-ZIP	HOLLYWOOD; FL 00000		3.4. CITY-	ST-ZIP		Change	Addition
TITLE	STD	DELETE	4.1 TITLE			Change [7 VOOIDOIL
NAME	JAMES CALLACI	7	4. 2 NAME				
STREET ADDRESS	HOLLYWOOD FL 3		•	ADDRESS			
CITY-ST-ZIP	Hollywood FL 3=	2020	4.4 CITY - 9	ST-ZIP		Change	Addition
TITLE	·	DELETE	5.1 TITLE			Change C	_ AUURIUII
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP		r	5.4 CITY-1	ST-ZIP		[7] 85	Addition
TITLE	1	DELETE	6.1 TITLE			Change L	☐ MOUIDON
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADORESS			
CITY - ST - ZIP			6.4 CITY-	ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

Date

Daytime Phone # 0023538

FILED

Mar 11 1997 8:00am

Secretary of State