

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759145

1. Entity Name

FOUNTAIN COURT CONDOMINIUM ASSOCIATION, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90026 035 ****61.25

Principal Place of Business

2243 VAN BUREN ST
APT. 2
HOLLYWOOD FL 33020

Mailing Address

2243 VAN BUREN ST
APT. 2
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

4218 FILLMORE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HOLLYWOOD, FL.

4. FEI Number

59-2422695

Applied For

Not Applicable

Zip

Country

Zip

Country

33021

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REDMOND, ANN
2801 VAN BUREN ST
HOLLYWOOD FL 33020

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME REDMOND, ANNE
STREET ADDRESS 2800 VAN BUREN STREET
CITY-ST-ZIP HOLLYWOOD, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME CARUSO, RAPALDA
STREET ADDRESS 2243 VAN BUREN ST
CITY-ST-ZIP HOLLYWOOD, FL 00000 ☒ Delete

TITLE VD
NAME Filomena Appello
STREET ADDRESS 2243 Van Buren St.
CITY-ST-ZIP Hollywood, FL 33020 ☒ Change ☐ Addition

TITLE STD
NAME CALLARI, JAMES
STREET ADDRESS 2243 VAN BUREN ST
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/00
Date

954-964-2865
Daytime Phone #