2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 NO UNIFO	OT-FOR-PR RM BUSIN	OFIT CORPO	RA'	TION (BR)	4	٠	04-14	-20 <b>03</b> 9077	6 005 *** 9145	**61.25
DOCUMENT # 759145						03 MAY -2 AM 9: 15				
1. Entity Name FOUNTAIN COURT CONDOMINIUM ASSOCIATION, INC.							Sec TALL	METARY AHASSEI	OF 37; E. FLO	ATE RIDA
Principal Place of Busine 2243 VAN BUREN ST APT. 2	Mailing Address 4218 FILLMORE ST HOLLYWOOD FL 33021		<u> </u>				···	•	₹ ₹1 <del>188</del> 8	
HOLLYWOOD FL 33020		US				1 / <b>4 /</b> 4 / <b>4 / 14</b> / 14	RUO IRAK NAK T		HAR HAR HA	han n
2. Principal Place of Bus 2243 Van Bu	3. Mailing Address	3. Mailing Address			( ( <b>110</b> 11) ( <b>1515</b> ( )		TER ENI CITI EIGH	CIBII CHON TH		
Suite, Apt. #, etc. Apt #6		Suite, Apt. #, etc.					CHECK HER	RE IF MAKING	CHANGES	
City & State Hollywood	FI:	City & State	City & State			4. FEI Number 59-2422695 Applied For Not Applicable				
33020	Country USA	Zip	Cou	ntry		5. Certificate of S	Status Desired		8.75 Ad ee Require	
	e and Address of Curre	nt Registered Agent		Name	À) (A	7. Name and Ad		Registered A	gent	
منتهد والاستاند والعارات	1011			Street,A	ALLA ddress (P	C. JAn		ole)		7
•		•			<b>318</b>	O Box Number is Fill more	<u>Sł</u>			
				City	lollyu	nod		FL	Zip-Cod	
the obligators of regi	stered agent.	for the purpose of changing its is $E$ . CAUALI	registere	d office or	registere	d agent, or both, in	the State of	3/17/03		and accept
SIGNATURE CONTROL NO	ed or printed name of registered age		: Registered	Agent signati	re required v	when reinstating)		DATE	<del>_</del>	
FILE NOW: FEE IS \$61.25  9. Election Camp Trust Fund Cor  10. OFFICERS AND DIRECTORS					⊔ ,	\$5.00 May Be Added to Fees  Make Check Payable to Florida Department of State  DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE PD	· ·	Delete	11.		PD				Change	Addition
CITY-ST-ZIP HOLLYW	U, ANNE N BUREN STREET OOD, FL 00000		1	T ADDRESS ST-ZIP	CARU:	50 , RAPAL Van Buren Juand , Fl. 3	DA 51 #8 13020	•		
STREET ADDRESS 2243 VAN	, FILOMERA BURTN ST OOD FL 33020	☐ Detete							Change	Addition
NAME CALLARI,	i Buren St	Delcte		T ADDRESS ST-ZIP	<u> </u>		<u> </u>		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		T ADDRESS ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREE CITY-	T ADDRESS		<i>₽</i>	R5/2		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-1	T ADORESS ST-ZIP				[	Change	Addition
or the corporation or	(ng-(eceiver or trustee emp	th this filing does not qualify for t is true and accurate and that my owared to execute this report a with all other like empowered.	he exem / signatu s require	nption state ire shall ha id by Char	ed in Sective the salter 617, f	ion 119.07(3)(i), Fk me legal effect as Florida Statutes; an	orida Statutes if made unde d that my nar	. I further certify roath; that I am ne appears in 8	that the in an officer of slock 10 or	formation or director Block 11 if
SIGNATURE:	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OF	<del>尔D</del> (	STD	<u>/</u>	3/1	7/03	954	605-	<u>5357</u>