

FILE NOW: FILING FEE IS \$61.25

FILED  
May 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 761827  
1. Corporation Name  
Fountainview Condominium Association, Inc.

Principal Place of Business Mailing Address  
4699 Perth Road  
West Palm Beach, FL 33415

3. Date Incorporated or Qualified 2/24/82  
4. FEI Number 59-2174497 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 26 4699 Perth Road  
22 Suite, Apt. #, etc. Suite, Apt. #, etc.  
23 City & State 27 City & State  
West Palm Beach, FL  
24 Zip 25 Country 29 33415 30 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
Jonathan D. Commander, Esquire  
Suite 300 The Pavilion  
515 North Flagler Drive  
West Palm Beach, FL 33415

10. Name and Address of New Registered Agent  
81 Name Jonathan D. Commander, Esquire  
82 Street Address (P.O. Box Number is Not Acceptable) 324 Royal Palm Way, Suite 218  
83  
84 City Palm Beach FL 85 Zip Code 33480

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]* Jonathan D. Commander DATE 4/28/98  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	Jonathan Commander	
STREET ADDRESS	515 N. Flagler St 300 WPB, FL 3340	
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	Susan Smithem	
STREET ADDRESS	32734 Kirk Road	
CITY-ST-ZIP	Lake Worth, FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	Peggy DeCaprio	
STREET ADDRESS	3293 Kirk Road 4	
CITY-ST-ZIP	Lake Worth, FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	John Novak	
STREET ADDRESS	3263 Kirk Road / Ste -4	
CITY-ST-ZIP	Lake Worth, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Jonathan D. Commander	
13 STREET ADDRESS	324 Royal Palm Way, Suite 218	
14 CITY-ST-ZIP	Palm Beach, FL 33480	
21 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Clayton Beattie	
23 STREET ADDRESS	810 Saturn St Ste 164221	
24 CITY-ST-ZIP	Jupiter FL 33477	
31 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Mike Thomas	
33 STREET ADDRESS	3253-6 Kirk Rd	
34 CITY-ST-ZIP	Lake Worth FL 33466	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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 in an attachment with an address.  
SIGNATURE: *[Signature]* Jonathan D. Commander, President DATE 4/28/98 DAYTIME PHONE #

CR2E037 (10/97)