

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90009 026 \*\*\*\*61.25

DOCUMENT # 761827

1. Entity Name
FOUNTAINVIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O JEAN FOSTER MGMT
4990 LAURAL DR.
WEST PALM BEACH FL 33415
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1401-F2 S. Military Tr. 1401-F2 S. Military Tr.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Zip Country 4. FEI Number 59-2174497 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COMMANDER, JONATHAN E ESQ
324 ROYAL PALM WAY, SUITE 218
PALM BEACH FL 33480

7. Name and Address of New Registered Agent
Name: St. John Dicker, Kaplan, and Kriyok
Street Address: 500 Australian Ave. S. COC, P.A.
Suite 600
City: West Palm Bch, FL Zip Code: 33401

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] DATE: 2/23/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Rows include Jonathan Esq, Beattie Clayton, and Terica Melendez.

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] DATE: 2/17/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)