

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90032 003 ****61.25

DOCUMENT # 761827

1. Entity Name

FOUNTAINVIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O JEAN FOSTER MGMT
 1401-F2 S MILITARY TR
 WEST PALM BEACH FL 33415
 US

C/O JEAN FOSTER MGMT
 1401-F2 S MILITARY TR
 WEST PALM BEACH FL 33415
 US

2. Principal Place of Business

3. Mailing Address

CMC Management
 Suite, Apt. #, etc.
2994 Jog Rd Suite B

2994 Jog Rd
 Suite, Apt. #, etc.
Suite B

City & State
Greenacres, FL

City & State
Greenacres, FL

Zip **33467** Country **USA**

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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

7. Name and Address of New Registered Agent

ST JOHN, DICKER, CAPLAN, KRIJOK & CORE PA
500 AUSTRALIAN AVE S
STE 600
WEST PALM BEACH FL 33401

Name **Sgt Gerrish - CMC Management**
 Street Address (P.O. Box Number is Not Acceptable)
2994 Jog Rd
Suite B
 City **Greenacres** FL Zip Code **33467**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD COMMANDER, JONATHAN ESG PO BOX 3474 PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEATTIE, CLAYTON PMB 221 810 SATURN ST STE 16 JUPITER FL 33477-4456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MELENDEZ, TERIEA 3273 KIRK RD. #3 LAKE WORTH FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

Pres. **4/2/01** **561-691-1016**

Date

Daytime Phone #

CR2E037 (10/00)