


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90023 001 \*\*\*\*61.25

**DOCUMENT # 761827**

1. Entity Name  
**FOUNTAINVIEW CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2000 N. FLORIDA MANGO RD  
 SUITE 102  
 WEST PALM BEACH, FL 33409 US**

Mailing Address  
**2000 N. FLORIDA MANGO RD  
 SUITE 102  
 WEST PALM BEACH, FL 33409 US**

**40016500**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

← **clo CAMS Plus Inc**  
 ← **4524 Gun Club Rd #105**  
 ← **West Palm Bch FL**  
 ← **33415 Palm Bch**

01202005 Chg-NP CR2E037 (10/03)

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**  
**C.A.M.S. PLUS, INC.**  
**% KIM FOOSE**  
**200 N. FLORIDA MANGO RD., #102**  
**WEST PALM BEACH, FL 33409**

**7. Name and Address of New Registered Agent**  
 Name **CAMS Plus Inc**  
 Street Address (P.O. Box Number is Not Acceptable) **clo Kim Foose**  
**4524 Gun Club Rd # 105**  
 City **West Palm Beach** FL Zip Code **33415**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT COMMANDER, JONATHAN ESQ PO BOX 3474 PALM BEACH, FL 33480 <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	VD CONNELL, CHRIS 615 PAULINA RD. JUPITER, FL 33477 <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"/> Delete	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"/> Delete	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: Jonathan D. Commander, Pres./Dir. 1/31/05 561-758-7654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Jonathan D. Commander*