


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90404 029 ****61.25

DOCUMENT # 761827
 1. Entity Name
FOUNTAINVIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O CAMS PLUS INC 4524 GUN CLUB RD #105 WEST PALM BEACH, FL 33415 US	Mailing Address C/O CAMS PLUS INC 4524 GUN CLUB RD #105 WEST PALM BEACH, FL 33415 US
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DO NOT WRITE IN THIS SPACE

40087414



04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2174497	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C.A.M.S. PLUS, INC.
 C/O KIM FOOSE
 4524 GUN CLUB RD #105
 WEST PALM BEACH, FL 33415**

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD COMMANDER, JONATHAN ESQ 4524 GUN CLUB RD, # 105 WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CONNELL, CHRIS 615 PAULINA RD. JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____