

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761827

FILED  
Mar 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

C/O CAMS PLUS INC  
4524 GUN CLUB RD #105  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CAMS PLUS INC  
4524 GUN CLUB RD #105  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

**FEI Number:** 59-2174497

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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 US

**Name and Address of New Registered Agent:**

C.A.M.S. PLUS, INC.  
C/O KIM SAUNDERS  
4524 GUN CLUB RD #105  
WEST PALM BEACH, FL 33415 US

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: \_\_\_\_\_

03/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: COMMANDER, JONATHAN ESQ  
Address: 4524 GUN CLUB RD, # 105  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VD ( ) Delete  
Name: CONNELL, CHRIS  
Address: 615 PAULINA RD.  
City-St-Zip: JUPITER, FL 33477

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: COMMANDER, JONATHAN ESQ  
Address: 4524 GUN CLUB RD, # 105  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM SAUNDERS FOR CAMSPUS

RA

03/30/2009

Electronic Signature of Signing Officer or Director

Date