

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90351 005 ****61.25

DOCUMENT # 761827

1. Entity Name
FOUNTAINVIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**CMC MANAGEMENT
2994 JOG RD SUITE B
GREENACRES FL 33467
US**

Mailing Address
**2994 JOG RD
SUITE B
GREENACRES FL 33467
US**



2. Principal Place of Business
Associated Property Mgt.
Suite, Apt. #, etc.
1928 LAKE WORTH
City & State
LAKE WORTH, FL

3. Mailing Address
Associated Property Mgt.
Suite, Apt. #, etc.
1928 LAKE WORTH
City & State
LAKE WORTH, FL

CHECK HERE IF MAKING CHANGES

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
**SCOT GERRSH CMC MANAGEMENT
2994 JOG RD
SUITE B
GREENACRES FL 33467**

7. Name and Address of New Registered Agent
Name *ASSOCIATED PROPERTY MANAGEMENT*
Street Address (P.O. Box Number is Not Acceptable)
1928 LAKE WORTH Rd.
City *LAKE WORTH* FL Zip Code *33461*

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 *[Signature]* Agent 4/15/03
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 Florida 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 ESQ PO BOX 3474 PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LECOMATE, MIKE 3263-1 KIRK RD. LAKE WORTH, FL 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEATTIE, CLAYTON PMB 221 810 SATURN ST STE 16 JUPITER FL 33477-4456 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CONNELL, VON 700 OCEAN DR. JUNO BEACH, FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MELENDEZ, TERIA 3273 KIRK RD. #3 LAKE WORTH FL 33461 <input checked="" 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: *[Signature]* Jonathan Commander 4-803 588720
Signature: typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)