

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2009  
Secretary of State**

DOCUMENT# N01000000416

**Entity Name:** THE FOUNTAINVIEW CLUB NO. ONE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2845 GRANADA BLVD.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GRIFFIN REALTY INC.  
2050 CORAL WAY, SUITE 305  
MIAMI, FL 33145

**New Mailing Address:**

**FEI Number:** 59-1143319      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GRIFFIN REALTY, INC.  
2050 CORAL WAY  
SUITE 305  
MIAMI, FL 33145 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: COROALLES, MANUEL  
Address: 2845 GRANADA BLVD # 1A  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD      ( ) Delete  
Name: YOUNG, THOMAS  
Address: 2845 GRANADA BLVD., #3B  
City-St-Zip: CORAL GABLES, FL 33134

Title: STD      ( ) Delete  
Name: RACKOWE, MYRA  
Address: 2845 GRANADA BLVD., #3A  
City-St-Zip: CORAL GABLES, FL 33134

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

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

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

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: MANUEL COROALLES

P

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date