

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02901 (9)**

1. Corporation Name  
**BLEAU FONTAINE CONDOMINIUM ASSOCIATION NUMBER ONE, INC.**

Principal Place of Business <b>C/O GAURANTEE MANAGEMENT SERVICES, INC. 111 FONTAINBLEAU BLVD. MIAMI FL 33172</b>	Mailing Address <b>C/O GAURANTEE MANAGEMENT SERVICES, INC. 111 FONTAINBLEAU BLVD. MIAMI FL 33172-4507</b>
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<b>21</b>	2. Principal Place of Business	<b>26</b>	2a. Mailing Address
<b>22</b>	Suite, Apt. #, etc.	<b>27</b>	Suite, Apt. #, etc.
<b>23</b>	City & State	<b>28</b>	City & State
<b>24</b>	Zip	<b>29</b>	Zip
<b>25</b>	Country	<b>30</b>	Country

<b>3.</b> Date Incorporated or Qualified <b>05/07/1984</b>	<b>3a.</b> Date of Last Report <b>02/21/1996</b>
<b>4.</b> FEI Number <b>59-2457712</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**FRISCHER, STEVEN PA  
7600 RED RD STE 224  
S MIAMI FL 33143**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>Ronald Klein, Esq.</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>Klein &amp; Fortune, P.A.</b>
<b>83</b>	<b>901 NE 125 Street</b>
<b>84</b> City	<b>No. Miami, Fl.</b>
<b>85</b> Zip Code	<b>FL 33166</b>

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2/24/97**

(NOTE: Registered Agent's signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>TSD</b>	<input type="checkbox"/> DELETE
NAME	<b>TURRO, JUAN</b>	
STREET ADDRESS	<b>9435 FONT BLVD 112</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JIMENEZ, MIRIAM</b>	
STREET ADDRESS	<b>9441 FONT BLVD 114</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>STICKLER, NEIL S</b>	
STREET ADDRESS	<b>9439 FONT BLVD #108</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GERARDO SILVA</b>	
STREET ADDRESS	<b>94441 FONT BLVD #106</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Tania McLain</b>
4.3 STREET ADDRESS	<b>9437 Fontainebleau Blvd., #207</b>
4.4 CITY-ST-ZIP	<b>Miami, Florida 33172</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**14.** I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)