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Apr 25, 1999 8:00 am
Secretary of State

0034013

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

04-25-1999 90010 009 ****61.25
 04-25-1999 90010 010 *****8.75

DOCUMENT # N02901

1. Corporation Name

BLEAU FONTAINE CONDOMINIUM ASSOCIATION NUMBER ON E, INC.



Principal Place of Business

Mailing Address

~~C/O GUARANTEE MANAGEMENT SERVICES- INC.~~
~~111 FONTAINEBLEAU BLVD.~~
~~MIAMI-FL 33172~~

~~C/O GUARANTEE MANAGEMENT SERVICES- INC.~~
~~111 FONTAINEBLEAU BLVD.~~
~~MIAMI-FL 33172~~



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 The Timberlake Group Inc. 22 The Timberlake Group, Inc. 05/07/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
 59-2457712

Applied For
 Not Applicable

22 5050 N.W. 74th. Ave.,

27 5050 N.W. 74th. Ave.,

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

23 Miami, Florida.

28 Miami, Florida.

6. Election Campaign Financing \$5.00 May Be Added to Fees

24 33166 25 U.S.A. 29 33166 30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KLEIN, RONALD E.~~
~~KLEIN & FORTUNE, PA~~
~~901 NE 125 ST~~
~~N MIAMI-FL 33166~~

81 Name Robert A. Dugger
 82 Street Address (P.O. Box Number is Not Acceptable)
 5050 N.W. 74th. Avenue,
 83
 84 City Miami, FL 85 Zip Code 33166

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

ROBERT A. DUGGER

4-5-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~TD~~ DELETE
 NAME ~~TURRO, JUAN~~
 STREET ADDRESS ~~9435 FONT BLVD #112~~
 CITY-ST-ZIP ~~MIAMI-FL --~~

1.1 TITLE PD Change Addition
 1.2 NAME Humberto Figueras
 1.3 STREET ADDRESS 9479 Fontainebleau Blvd., #206
 1.4 CITY-ST-ZIP Miami, Florida 33172

TITLE ~~TD~~ DELETE
 NAME ~~RIGAU, SERGIO~~
 STREET ADDRESS ~~9441 FONTAINEBLEAU BLVD #111,~~
 CITY-ST-ZIP ~~MIAMI FL 33172~~

2.1 TITLE VPD Change Addition
 2.2 NAME Fernando Rosario,
 2.3 STREET ADDRESS 9443 Fontainebleau Blvd., #213,
 2.4 CITY-ST-ZIP Miami, Florida 33172

TITLE ~~PD~~ DELETE
 NAME ~~STICKLER, NEIL S~~
 STREET ADDRESS ~~9439 FONT BLVD #100~~
 CITY-ST-ZIP ~~MIAMI-FL~~

3.1 TITLE SD Change Addition
 3.2 NAME Adalberto Recio,
 3.3 STREET ADDRESS 9447 Fontainebleau Blvd., #213
 3.4 CITY-ST-ZIP Miami, Florida 33172

TITLE ~~DVP~~ DELETE
 NAME ~~MCLAIN, TANIA~~
 STREET ADDRESS ~~9437 FONTAINEBLEAU BLVD #207~~
 CITY-ST-ZIP ~~MIAMI-FL~~

4.1 TITLE D Change Addition
 4.2 NAME Orlando Font,
 4.3 STREET ADDRESS 9441 Fontainebleau Blvd., #201,
 4.4 CITY-ST-ZIP Miami, Florida 33172

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE D Change Addition
 5.2 NAME Lowell Wingfield-Beatty
 5.3 STREET ADDRESS 9443 Fontainebleau Blvd., #204,
 5.4 CITY-ST-ZIP Miami, Florida 33172.

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE D Change Addition
 6.2 NAME Alvaro Molina
 6.3 STREET ADDRESS 9439 Fontainebleau Blvd., #203
 6.4 CITY-ST-ZIP Miami, Florida 33172.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

315/99 305-559-0435
 Date Daytime Phone #

CR2E037 (1/98)