

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002634

FILED
Apr 12, 2007
Secretary of State

Entity Name: FOUNTAIN BLUE TOWNHOUSES II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8370 NW 8 ST. #9
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

8370 NW 8 ST. #9
MIAMI, FL 33126

New Mailing Address:

FEI Number: 57-1220933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVA, MANUEL
8370 NW 8 ST. #9
MIAMI, FL 33126 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: O/D () Delete
Name: OLIVA, MANUEL
Address: 8370 NW 8 ST. #9
City-St-Zip: MIAMI, FL 33126

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O/D () Change (X) Addition
Name: QUINTERO, YONNIEL
Address: 8370 NW 8 ST. #8
City-St-Zip: MIAMI, FL 33126

Title: O/D () Change (X) Addition
Name: ACEVEDO, RICARDO
Address: 8370 NW 8 ST. # 2
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 OLIVA

O/D

04/12/2007

Electronic Signature of Signing Officer or Director

Date