2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

DOCUMENT # N03000003005

1. Entity Name



VISIÓNS ASSOCI	SAT FOUNTAINBLEAU PARF ATION, INC.	(II. CONDOMINIUM			A-03-2000 90393 003	01.23	
8401	ce of Business AND 8425 N.W. 8 ST MIAMI, FL 33126	Mailing Address 7953 N.W. 53 S MIAMI, FL 33166 C/O COMM M	6	Sultan million	00043074 111111111111111111111111111111111111	ERITI TIKHAK DI IKBA	
8401 AN	Place of Business ID 8425 N.W. 8 ST	3. Mailing Address ユタラ3 んい	\$3 ST				
Suite, Apt	<u> </u>	Suite, Apt. #, etc.		02232006	Chg-NP CR2E037 (11	/05)	
MIAMI,	FL	City & State	FL	4. FEI Number 54-21193	81	Applied For Not Applicable	
Zip 3312		33,66	MiAMI - DA	de 5. Certificate of		5 Additional equired	
	6. Name and Address of Current R			7. Name and Ad	dress of New Registered Agent		
COMM MGMT CONSULTANT'S GROUP				P Name Robert A. Dugger SR.			
, DBA/ TIMBGELAICE MAGMT.			Street Address (P.O. Box Number is Not Acceptable)				
795	3 N.W 53 St		4953 NW 53 ST				
Miami, F1 33166			City IOO 1 0 1 Zip Code, /				
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			·				
4	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	legistered Agent signature	required when reinstaling)	DATE		
				_			
4	Filing Fee is \$61.25 Due by May 1, 2006	Election Campa Trust Fund Cor		\$5.00 May Be Added to Fees	Make check paya Florida Department		
10.	Due by May 1, 2006 OFFICERS AND DIRE	Trust Fund Con		Added to Fees		of State	
TITLE	OFFICERS AND DIRE	Trust Fund Con	11.	Added to Fees	Florida Department	of State RS IN 10	
	OFFICERS AND DIRE PD SANTANA, ANA	Trust Fund Cor	11. TITLE NAME	Added to Fees	Florida Department	of State RS IN 10	
TITLE NAME	OFFICERS AND DIRE PD SANTANA, ANA 7953 N.W. 53 ST	Trust Fund Cor	11.	Added to Fees	Florida Department	of State RS IN 10	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same logal 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 the composition of the receiver or trustee empowered.

Date