

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000001208

1. Entity Name
FONTAINEBLEAU GARDENS CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
8125 NW 7TH STREET
MIAMI, FL 33126 US

Mailing Address
8125 NW 7TH STREET
MIAMI, FL 33126 US

08 OCT 13 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

6801 NW 77 AVE

Suite, Apt. #, etc.

205

City & State

Miami, FL

Zip

33166

Country

3. Mailing Address

6801 NW 77 AVE

Suite, Apt. #, etc.

205

City & State

Miami, FL

Zip

33166

Country

10082008

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-0713735

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE LA CAMARA, ROSA M
BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA, 10TH FLOOR
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name PRODUCTIONS PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)

6801 NW 77 AVE #205

City

Miami

FL

Zip Code

33166

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/13/08

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P3 ☐ Delete
NAME DOMINGUEZ, ALEXIS
STREET ADDRESS 8075 NW 7TH ST. #110
CITY-ST-ZIP MIAMI, FL 33126

TITLE T ☐ Delete
NAME JOHN, VASQUEZ
STREET ADDRESS 8045 NW 7TH ST. #112
CITY-ST-ZIP MIAMI, FL 33126

TITLE VPS ☐ Delete
NAME MURILLO, LILLIANA
STREET ADDRESS 6315 GAGE PLACE #301B
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 000136910500
STREET ADDRESS 10/14/08--01050--005 **\$61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alexis Dominguez 10/08/08

786-294-8917