

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 10, 2009
Secretary of State

DOCUMENT# N04000001208

Entity Name: FONTAINEBLEAU GARDENS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**6801 NW 77 AVE
#205
MIAMI, FL 33166 US**New Principal Place of Business:****Current Mailing Address:**6801 NW 77 AVE
#205
MIAMI, FL 33166 US**New Mailing Address:****FEI Number:** 20-0713735 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RENOVATIONS PROPERTY MANAGMENT, LLC
6801 NW 77 AVE
#205
MIAMI, FL 33166 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:** P3 () Delete
Name: DOMINGUEZ, ALEXIS
Address: 8075 NW 7TH ST. #110
City-St-Zip: MIAMI, FL 33126 US**Title:** T () Delete
Name: JOHN, VASQUEZ
Address: 8045 NW 7TH ST. #112
City-St-Zip: MIAMI, FL 33126 US**Title:** VPS () Delete
Name: MURILLO, LILLIANA
Address: 6315 GAGE PLACE #301B
City-St-Zip: MIAMI LAKES, FL 33014 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: AMADOR, ELIZABETH
Address: 6801 NW 77 AVE #204
City-St-Zip: MIAMI, FL 33166 US**Title:** T (X) Change () Addition
Name: GIRALDO, MAURICIO
Address: 6801 NW 77 AVE #204
City-St-Zip: MIAMI, FL 33166 US**Title:** T (X) Change () Addition
Name: PRIAS, GLORIA
Address: 6801 NW 77 AVE #204
City-St-Zip: MIAMI, FL 33166 US

I hereby certify that the information supplied with this filing does not qualify 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: ELIZABETH AMADOR

P

11/10/2009

Electronic Signature of Signing Officer or Director_____
Date