


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/26

08-26-2004 90004 047 ****61.25

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DOCUMENT # N04090			
1. Entity Name THE FOUNTAINVIEW CLUB NO. III			
Principal Place of Business C/O NANCY S. HARTLEY <i>ELAINE HALL</i> 935 PALERMO AVENUE CORAL GABLES, FL 33134 US		Mailing Address <i>410 ALHAMBRA PR</i> C/O TRUST REALTY MANAGEMENT, INC. <i>P.O. BOX 71111</i> 2631 BONCE DE LEON BLVD. <i>SOUTH MIAMI FL 33243-1410</i> CORAL GABLES, FL 33134 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		07212004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-0965756		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARTINEZ, MARLENE <i>P.O. BOX 431410</i> % ELOM PROPERTY MGMT <i>SOUTH MIAMI</i> 1360 S DIXIE HWY CORAL GABLES, FL 33146 <i>SOUTH MIAMI, FL 33143</i>		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<i>5701 SW 72 Street</i> <i>Suite 100-A</i>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, ELAINE F. 935 PALERMO AVE. CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANDERSON, JEAN 11 JACKSON RD POTTSVILLE, PA 17901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTINEZ, MARLENE 1360 S DIXIE HWY CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: <i>[Signature]</i>		Date: <i>9/27/04</i> (305) 669-5066	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	