


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N04090
 1. Entity Name
 THE FOUNTAINVIEW CLUB NO. III



Principal Place of Business Mailing Address
 C/O ELAINE HALL C/O ALHAMBRA PR
 935 PALERMO AVENUE P.O. BOX 431410
 CORAL GABLES, FL 33134 US MIAMI, FL 33243-1410 US

DO NOT WRITE IN THIS SPACE



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-0965756 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MARTINEZ, MARLENE
 P.O. BOX 431410
 5701 SW 72 STREET, STE 100-A
 S. MIAMI, FL 33143

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD
 NAME: HALL, ELAINE F.
 STREET ADDRESS: 935 PALERMO AVE.
 CITY-ST-ZIP: CORAL GABLES, FL

TITLE: VPD
 NAME: ANDERSON, JEAN
 STREET ADDRESS: 11 JACKSON RD
 CITY-ST-ZIP: POTTSVILLE, PA 17901

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 03/21/05-80057-009 61.25

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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: *X Elaine F. Hall* ELAINE F. HALL 3/18/05 305-446-9648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #