## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04090

Entity Name: THE FOUNTAINVIEW CLUB NO. III

FILED May 20, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

C/O ELAINE HALL 935 PALERMO AVENUE

935 PALERMO AVENUE APT. 2B
CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

C/O ALHAMBRA PR 720 PINE HILL ROAD P.O. BOX 431410 RADNOR, PA 19087 US MIAMI, FL 332431410 US

FEI Number: 59-0965756 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTINEZ, MARLENE
P.O. BOX 431410
5701 SW 72 STREET, STE 100-A

ANDERSON, MARY E PRES
150 ALHAMBRA CIRCLE
1250

S. MIAMI, FL 33143 US CORAL GABLES, FL 33134 US

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: MARY E. ANDERSON 05/20/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PRES (X) Change () Addition

 Name:
 HALL, ELAINE F.,
 Name:
 ANDERSON, MARY E PRES

 Address:
 935 PALERMO AVE.
 Address:
 150 ALHAMBRA CIRCLE, SUITE 1250

City-St-Zip: CORAL GABLES, FL City-St-Zip: CORAL GABLES, FL 33134

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 ANDERSON, JEAN
 Name:
 ANDERSON, JEAN VP

 Address:
 11 JACKSON RD
 Address:
 935 PALERMO AVE, APT. 2B

 City-St-Zip:
 POTTSVILLE, PA 17901
 City-St-Zip:
 CORAL GABLES, FL 33134

Title: ( ) Delete Title: TREA ( ) Change (X) Addition

 Name:
 Name:
 RICHARDS, JAMES TREAS

 Address:
 Address:
 720 PINE HILL ROAD

 City-St-Zip:
 City-St-Zip:
 RADNOR, PA 19087

Title: ( ) Delete Title: SECY ( ) Change (X) Addition

 Name:
 Name:
 HOPPE, PATRICA SECY

 Address:
 Address:
 33 FALL BROOKE ROAD

 City-St-Zip:
 City-St-Zip:
 NEWARD, DE 19711

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY E. ANDERSON PRES 05/20/2006

Electronic Signature of Signing Officer or Director

Date