

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04090

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: THE FOUNTAINVIEW CLUB NO. III

**Current Principal Place of Business:**

935 PALERMO AVENUE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

720 PINE HILL ROAD  
ATTN: J.P. RICHARDS  
RADNOR, PA 19087 US

**New Mailing Address:**

720 PINE HILL ROAD  
ATTN: J.P. RICHARDS  
RADNOR, PA 19087 CH

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

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

RICHARDS, JAMES P TRESURE  
935 PALERMO AVENUE  
2-B  
CORAL GABLES, FL 33134 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: PRES ( ) Delete  
Name: ANDERSON, MARY E PRES  
Address: 150 ALHAMBRA CIRCLE, SUITE 1250  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete  
Name: ANDERSON, JEAN E VP  
Address: 935 PALERMO AVE, APT. 2B  
City-St-Zip: CORAL GABLES, FL 33134

Title: TREA ( ) Delete  
Name: RICHARDS, JAMES P TREAS  
Address: 720 PINE HILL ROAD  
City-St-Zip: RADNOR, PA 19087

Title: SECY ( ) Delete  
Name: HOPPE, PATRICA SECY  
Address: 33 FALL BROOKE ROAD  
City-St-Zip: NEWARK, DE 19711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES P RICHARDS

TREA

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date