


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 12, 2003 8:00 am
Secretary of State

05-29-2003 90136 007 ****61.25
09-12-2003 90095 031 ****61.25

DOCUMENT # N04090

1. Entity Name
THE FOUNTAINVIEW CLUB NO. III



Principal Place of Business Mailing Address

C/O NANCY S. HARTLEY
935 PALERMO AVENUE
CORAL GABLES FL 33134
US

~~C/O TRUST REALTY MANAGEMENT, INC.~~
~~2631 PONCE DE LEON BLVD.~~
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

4. FEI Number **59-0965756** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~KERDYK REAL ESTATE, INC~~
~~2631 PONCE DE LEON BLVD.~~
~~STE 200~~
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Marlene Martinez *90 Elom Property Mgmt*

Street Address (P.O. Box Number is Not Acceptable)
1360 S. Dixie Hwy

City
Coral Gables FL Zip Code
33146

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 *Nancy S. Hartley, as property Manager* DATE *9/8/03*

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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VPO	EIKENBERRY, EMILY	935 PALERMO AVENUE	CORAL GABLES FL	<input checked="" type="checkbox"/>
PD	HALL, ELAINE F.	935 PALERMO AVE.	CORAL GABLES FL	<input type="checkbox"/>
ST	KERDYK, WILLIAM H JR	2631 PONCE DE LEON BLVD.	MIAMI FL 33134	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VPO	Jean Anderson	11 Jackson Rd.	Pottsville, PA 17901	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ST	Marlene Martinez	1360 S. Dixie Hwy	Coral Gables, FL 33146	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *SIGNATURE REQUIRED* DATE: *9/9/03* DAYTIME PHONE #: *305-446-9648*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (4/03)