


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 OCT 12 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|----------------------------|--|---|--|--|
| DOCUMENT # N05000007180 | | | |  | |
| 1. Entity Name THREE FOUNTAINS OF VIERA CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 6401 BORASCO DRIVE VIERA, FL 32935 | | | Mailing Address 6401 BORASCO DRIVE VIERA, FL 32935 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number NOT APPLICABLE | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| GARCIA, FERNANDO 2525 PONCE DE LEON BOULEVARD SUITE 400 CORAL GABLES, FL 33134 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | PD | <input type="checkbox"/> Delete | | | |
| NAME | GREENWALD, ALLEN | | | | |
| STREET ADDRESS | 7301 SW 57 COURT #565 | | | | |
| CITY-ST-ZIP | SOUTH MIAMI, FL 33143 | | | | |
| TITLE | VD | <input type="checkbox"/> Delete | | | |
| NAME | GREENWALD, SCOTT | | | | |
| STREET ADDRESS | 7301 SW 57 COURT SUITE 565 | | | | |
| CITY-ST-ZIP | SOUTH MIAMI, FL 33143 | | | | |
| TITLE | STD | <input type="checkbox"/> Delete | | | |
| NAME | CHANNELL, RYAN | | | | |
| STREET ADDRESS | 7301 SW 57 COURT SUITE 565 | | | | |
| CITY-ST-ZIP | SOUTH MIAMI, FL 33143 | | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | | |
| NAME | HERNANDEZ, ORESTES | | | | |
| STREET ADDRESS | 6401 BORESEO DR | | | | |
| CITY-ST-ZIP | MELBOURNE, FL 32940 | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 700111083327 10/22/07--01010--010 **61.25 | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Ryan Channell</u> 9/12/07 321-631-7780 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |