


**2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # N05963

1. Entity Name
**FONTANAR TOWNHOMES CONDOMINIUM
 ASSOCIATION, INC.**



Principal Place of Business
**1715 WEST 58TH STREET
 HIALEAH, FL 33012**

Mailing Address
**1715 WEST 58TH STREET
 HIALEAH, FL 33012**

2. Principal Place of Business
1709 West 58 Street

3. Mailing Address
1709 West 58 Street

Suite, Apt. #, etc.

City & State
Hialeah FL

City & State
Hialeah, FL

Zip
33012

Country
Miami-Dade


Zip
33012

Country
Miami-Dade

FILED

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**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



08022006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2659545

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ORTEGA, JULIO
 1715 WEST 58TH STREET
 HIALEAH, FL 33012**

7. Name and Address of New Registered Agent

Name
Ileana L. Valdivia

Street Address (P.O. Box Number is Not Acceptable)
1709 West 58 Street

City
Hialeah FL

Zip Code
33012

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 *Ileana L. Valdivia* **Ileana L. Valdivia** **8-3-06**

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

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	D RAMIREZ, CARLOS E 1690 W 59 STREET HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTEGA, JULIO 1715 W. 58TH ST. HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, CARLOS M. 5882 W 16 LANE HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ileana Valdivia, Ileana-L. 1709 W. 58 Street Hialeah, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jerez, Elin 5866 W. 16 Lane Hialeah, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gonzalez, Asuncion 5882 W. 16 Lane Hialeah, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ileana L. Valdivia* **Ileana L. Valdivia** **8-3-06**

Signature and typed or printed name of signing officer or director Date Daytime Phone #