2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2008 08:00 AM Secretary of State

DOCUMENT # N05963

1. Entity Name

FONTANAR TOWNHOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1709 WEST 58 STREET HIALEAH, FL 33012

1709 WEST 58 STREET HIALEAH, FL 33012



DO NOT WRITE IN THIS SPACE

01152008 No 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

VALDIVIA, ILEANA 1709 WEST 58 STREET HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

| 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 | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered A | Agent signature re | iquired when reinstating) | DATE | _ | |
| | | Campaign Financi ad Contribution. | ing | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIRECTORS | | | | | | |
| NAME STREET ADDRESS CITY-ST-7IP- | P VALDIVIA, ILEANA 1709 WEST 58 STREET (HIALEAH, FL 33012 | | د ژوه این کار در | este este este este este este este este | U00000789447 01/22/08-80826-008 61/2 | 25 <u>.</u> ' | |
| TITLE NAME - STREET ADDRESS CITY - ST - ZIP | V JEREZ, ELVIN 5866 W 16 LANE HIALEAH, FL 33012 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST TELLERIA, JEANNETTE 1693 W. 58TH STREET HIALEAH, FL 33012 | | | DO | NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | | | | |
| NAME SIREET ADDRESS CITY-ST-ZIP | | | | | | | |
| 12. I hereby | certify that the information supplied with this filing does not q | ualify for the exem | nptions cont | ained in Chapter 11 | 9, Florida Statutes I further certify that the inform | ation | |

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 fusite 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-08

Daytime Phone #