

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

FILED

03 DEC 18 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N05963**

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



Principal Place of Business  
**1691 W 58TH STREET  
HIALEAH, FL 33012**

Mailing Address  
**1691 W 58TH STREET  
HIALEAH, FL 33012**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent  
**ARRIESSECQ, JUAN C  
1691 W 68TH STREET  
HIALEAH, FL 33012**

4. FEI Number  
**59-2659545**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

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

**FILE NOW - FEE IS \$61.25  
Total of Appended UBR**

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	D	<input checked="" type="checkbox"/> Delete
NAME	ARRIESSECQ, JUAN CARLOS	
STREET ADDRESS	1691 W 58TH STREET	
CITY-ST-ZIP	HIALEAH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTEGA, JULIO	
STREET ADDRESS	1716 W. 68TH ST.	
CITY-ST-ZIP	HIALEAH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, CARLOS M.	
STREET ADDRESS	5882 W 16 LANE	
CITY-ST-ZIP	HIALEAH, FL	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMIREZ, CARLOS E	
STREET ADDRESS	1690 WEST 59 STREET	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **12-03-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)