2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# N06000005244

Entity Name: FONTANA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1601 WEST AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 402507
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 20-5953507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMPLETE PROPERTY MANAGEMENT
3550 BISCAYNE BLVD.
SUITE 401
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BEFELER, GEORGE
Address: 3326 MARY STREET #402
City-St-Zip: COCONUT GROVE, FL 33133

Title: VSD ( ) Delete
Name: DAHDAH, RENE
Address: 3326 MARY STREET #402
City-St-Zip: COCONUT GROVE, FL 33133

Title: TD ( ) Delete
Name: CURA, PETER
Address: 3326 MARY STREET #402
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TRIL, JAIME
Address: P O BOX 402507
City-St-Zip: MIAMI BEACH, FL 33140

Title: S (X) Change ( ) Addition
Name: ANCONA, CHARLES
Address: P O BOX 402507
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD (X) Change ( ) Addition
Name: MCNAIR, MARK
Address: P O BOX 402507
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE TRIL PD 04/02/2008

Electronic Signature of Signing Officer or Director — Date