

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001380

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: FONTAINBLEAU EAST MIDRISE 16 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5835 BLUE LAGOON DRIVE, 4TH FLOOR  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

5835 BLUE LAGOON DRIVE, 4TH FLOOR  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SILVA, FRANK  
5835 BLUE LAGOON DRIVE, 4TH FLOOR  
MIAMI, FL 33126 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: DST ( ) Delete  
Name: GARCIA, MELISSA S  
Address: 5835 BLUE LAGOON DRIVE, 4TH FLOOR  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: DONOSO, MARIA  
Address: 5835 BLUE LAGOON DRIVE, 4TH FLOOR  
City-St-Zip: MIAMI, FL 33126

Title: DV ( ) Delete  
Name: GLASER, HARVEY  
Address: 5835 BLUE LAGOON DRIVE, 4TH FLOOR  
City-St-Zip: MIAMI, FL 33126

Title: P (X) Delete  
Name: CARCAS, MARIA  
Address: 5835 BLUE LAGOON DRIVE, 4TH FLOOR  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DST (X) Change ( ) Addition  
Name: CRUZ, MARTA  
Address: 5835 BLUE LAGOON DRIVE, 4TH FLOOR  
City-St-Zip: MIAMI, FL 33126

Title: DP (X) Change ( ) Addition  
Name: MELENDI, CHANTEL  
Address: 5835 BLUE LAGOON DRIVE, 4TH FLOOR  
City-St-Zip: MIAMI, FL 33126

Title: DV (X) Change ( ) Addition  
Name: CHONG, RAQUEL P  
Address: 5835 BLUE LAGOON DRIVE, 4TH FLOOR  
City-St-Zip: MIAMI, FL 33126

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHANTEL MELENDI

DP

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date