FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:10

DOCUMENT # N08351 (1)

1. Corporation Name

FONTANA POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O COURTESY PROPERTY MANAGEMENT 13500 N. KENDALL DR. #140 MIAMI FL 33186	C/O COURTESY PROPERTY MANAGEMENT 13500 N. KENDALL DR. #140 MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1985	3a. Date of Last Report: 08/09/1994
4. FEI Number: 59-2656212	☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~FEINGOLD, MARTIN~~
~~12231 S.W. 131ST. AVENUE~~
~~MIAMI FL 33186~~

10. Name and Address of New Registered Agent

81 Name: SKRLD, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle, #1102
83
84 City: Miami FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X SKRLD, Inc. by Lina a. Fer— 2/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BRYANT, KENNETH	1.2 NAME	
STREET ADDRESS	8250 NW 191 ST. #E	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	MAGGIE MOORE	2.2 NAME	
STREET ADDRESS	1940 NW 188 AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	2.4 CITY-ST-ZIP	
TITLE	VPD T	3.1 TITLE	☒ Change ☐ Addition
NAME	CARTER GEORGE	3.2 NAME	
STREET ADDRESS	8250 NW 191 ST. #H	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	~~FONTANA, CHARLES~~	4.2 NAME	
STREET ADDRESS	~~8230 #H NW 191 ST.~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	~~MANTECON, TERESA~~	5.2 NAME	
STREET ADDRESS	~~14725 SW 83RD PLACE~~	5.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Kenneth L. Bryant 02-07-95 305 829-2728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000079