FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

2. Principal Place of Business	2a. Mailing Address
21 C/o Courtesy Prop. Mng	26 Courtesy Prop. Mgmt.
Suite, Apt. #, etc. 22 9380 Sunset Dr. #B250	Suite, Apt. #, etc. 27 9380 Sunset Drive B250
City & State 23 Miami, Fl.	City & State 28 Miami, Fl.
Zip / Country 24 33173 / 25 USA	Zip / Country 29 33173 / 30 USA

3. Date Incorporated or Qualified: 03/25/1985

3a. Date of Last Report: 02/16/1995

4. FEI Number: 59-2656212 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE, #1102
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	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	☐ DELETE	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	VPDT	☐ DELETE	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		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: Kenneth Z. Bryant 02-05-96 (305)829-2728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #