

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 C/O COURTESY PROPERTY MANAGEMENT 8380 SUNSET DR #B250 MIAMI FL 33173 US	Mailing Address C/O COURTESY PROPERTY MANAGEMENT 8380 SUNSET DR #B250 MIAMI FL 33173 US
---	---

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

3. Date Incorporated or Qualified 03/25/1985	
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
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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	85 Zip Code
FL	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD ☐ DELETE
NAME	BRYANT, KENNETH
STREET ADDRESS	8250 NW 191 ST. #E
CITY-ST-ZIP	MIAMI FL 33015
TITLE	SD ☐ DELETE
NAME	MAGGIE MOORE
STREET ADDRESS	1940 NW 188 AVE.
CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	VPDT ☐ DELETE
NAME	CARTER GEORGE
STREET ADDRESS	8250 NW 191 ST. #H
CITY-ST-ZIP	MIAMI FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	TD BRYANT, KENNETH
1.3 STREET ADDRESS	8250 NW 191 ST. #E
1.4 CITY-ST-ZIP	MIAMI, FL. 33015
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	SD MOORE, MAGGIE
2.3 STREET ADDRESS	8250 NW 191 ST. #A
2.4 CITY-ST-ZIP	MIAMI, FL. 33015
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	PD CARTER GEORGE
3.3 STREET ADDRESS	8250 NW 191 ST. #H
3.4 CITY-ST-ZIP	MIAMI, FL. 33015
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *George Carter*

(305) 596-4500

CR2E037 (10/97)