FILE NOW: FILING FEE IS $61.25

FILED
Mar 23, 1999 8:00 am
Secretary of State
03-23-1999 90054 016 ****70.00

0034219

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08351

1. Corporation Name
FONTANA POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O COURTESY PROPERTY MANAGEMENT 9380 SUNSET DR #B250 MIAMI FL 33173 US	C/O COURTESY PROPERTY MANAGEMENT 9380 SUNSET DR #B250 MIAMI FL 33173 US

2. Principal Place of Business	2a. Mailing Address
21 13250 SW 135 Avenue	26 13250 SW 135 Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33186 Country 25 Dade	Zip 29 33186 Country 30 Dade

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

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

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

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

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BRYANT, KENNETH		1.2 NAME	PAEZ, RALPH	
STREET ADDRESS	8250 NW 191 ST. #E		1.3 STREET ADDRESS	8230 NW 191 ST. #G	
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY-ST-ZIP	MIAMI, FL. 33015	
TITLE	SD	☒ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	MAGGIE MOORE		2.2 NAME	BRYANT, KENNETH	
STREET ADDRESS	8250 NW 191 STREET, #A		2.3 STREET ADDRESS	8250 NW 191 ST. #E	
CITY-ST-ZIP	MIAMI FL 33015		2.4 CITY-ST-ZIP	MIAMI, FL. 33015	
TITLE	PD	☒ 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		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 03-09-99 305-829-2730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)