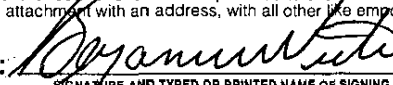


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90176 011 ****61.25

DOCUMENT # N08351 1. Entity Name FONTANA POINT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business SMP GROUP SUITE 200 MIAMI, FL 33155 US			Mailing Address 2500 NW 97 AVENUE SUITE 200 MIAMI, FL 33172 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2656212	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPM GROUP, INC 2500 NW 97 AVNEUE SUITE 200 MIAMI, FL 33172				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	☒ Delete	TITLE	VPD	☐ Change ☒ Addition
NAME	VIDAL, BENJAMIN		NAME	Denise Thomas	
STREET ADDRESS	8250 NW 191ST 10B		STREET ADDRESS	8250 NW 191ST #B	
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP	Hialeah, FL 33015	
TITLE	TD	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	VIDAL, BENJAMIN		NAME	Benjamin Vidal	
STREET ADDRESS	8250 NW 191ST # 10C		STREET ADDRESS	8250 NW 191ST #C	
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP	Miami, FL 33015	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MOORE, MAGGIE		NAME		
STREET ADDRESS	8250 NW 191ST 10A		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	CARTER, GEORGE		NAME	George Carter	
STREET ADDRESS	8250 NW 191ST 10H		STREET ADDRESS	8250 NW 191ST #H	
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP	Miami, FL 33015	
TITLE	VP	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	DONOSO, GABRIEL		NAME		
STREET ADDRESS	8210 NW 191ST 25-A		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DONOSO, GABRIEL		NAME		
STREET ADDRESS	8210 NW 191ST 25A		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33015		CITY-ST-ZIP		
12. 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 report or supplemental 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 recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4-21-04 Daytime Phone #: 305-444-6754		