2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State
07-31-2006 90005 031 ****61.25

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1. Entity Name
FONTANA POINT CONDOMINIUM ASSOCIATION, INC.

50023520

Principal Place of Business	Mailing Address
SMP GROUP SUITE 200 MIAMI, FL 33155 US	2500 NW 97 AVENUE SUITE 200 MIAMI, FL 33172 US

07102006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
SPM Group, Inc.	2200 NW 102 Ave.
Suite, Apt. #, etc. 2200 NW 102 Ave	Suite, Apt. #, etc. Suite #5
City & State Suite #5	City & State Doral, Florida
Zip / Country 33172 / Dade	Zip / Country 33172 / Dade

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

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

6. Name and Address of Current Registered Agent

SPM GROUP, INC
2500 NW 97 AVNEUE
SUITE 200
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name: S.P.M. Group, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2200 NW 102 Ave.
Suite 5
City: Miami **FL** Zip Code: 33172

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: X _____ 7/10/06.
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 September 6, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VIDAL, BENJAMIN 8250 NW 191 ST # C MIAMI, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MOORE, MAGGIE 8250 NW 191ST 10A MIAMI, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CARTER, GEORGE 8250 NW 191 ST H MIAMI, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 receiver 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: _____ 7/13/06 305-444-6757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #