

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90232 014 \*\*\*\*61.25

**DOCUMENT # N08351**

1. Entity Name

**FONTANA POINT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**PROPERTY MANAGEMENT SERVICE**  
**8299 CORAL WAY**  
**MIAMI FL 33155**  
**US**

Mailing Address

**PROPERTY MANAGEMENT SERVICE**  
**8299 CORAL WAY**  
**MIAMI FL 33155**  
**US**

2. Principal Place of Business

**SPM Group**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Miami, FL**

Zip

**33172**

Country

**USA**

3. Mailing Address

**2500 N.W. 97 Ave**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Miami, FL**

Zip

**33172**

Country

**U.S.A.**



☐ CHECK HERE IF MAKING CHANGES

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

**PROPERTY MANAGEMENT SERVICES CORP.**  
**8299 CORAL WAY**  
**MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name **SPM Group INC.**

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

**2500 N.W. 97 Ave**

**Suite #200**

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

**Lincoln Babun**

**ABLY**

**1/15/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE **TSD** ☒ Delete  
NAME **GOMEZ, ENRIQUE**  
STREET ADDRESS **8210 NW 191ST UNIT F**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **PD** ☐ Delete  
NAME **THOMAS, DENISE**  
STREET ADDRESS **8250 NW 191ST # 10B**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **VP** ☒ Delete  
NAME **PAEZ, RALPH**  
STREET ADDRESS **8260 NW 191 ST**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D** ☒ Delete  
NAME **BRYANT, KENNETH**  
STREET ADDRESS **8260 NW 191ST # 10-E**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D** ☐ Delete  
NAME **VASQUEZ, ZAIDA**  
STREET ADDRESS **8210 NW 191ST 25-A**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition  
NAME **Benjamin Vickel**  
STREET ADDRESS **8250 N.W. 191st 10-B**  
CITY-ST-ZIP **Miami, FL 33015**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Maggie Moore**  
STREET ADDRESS **8250 N.W. 191st 10-A**  
CITY-ST-ZIP **Miami, FL 33015**

TITLE **D** ☐ Change ☒ Addition  
NAME **George Carter**  
STREET ADDRESS **8250 N.W. 191st 10-H**  
CITY-ST-ZIP **Miami, FL 33015**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Gabriel Donoso**  
STREET ADDRESS **8210 N.W. 191st 25-A**  
CITY-ST-ZIP **Miami, FL 33015**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

**SIGNATURE REQUIRED**

CR2E037 (10/02)