

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 6:31

DOCUMENT # N32258 (8)

1. Corporation Name
THE FOUNTAINVIEW CLUB #1

Principal Place of Business 2845 GRANADA BLVD. CORAL GABLES FL 33134	Mailing Address 2845 GRANADA BLVD. CORAL GABLES FL 33134
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/11/1989	3a. Date of Last Report 04/26/1994
4. FEI Number 59-1143319	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**HATFIELD, ROBERT L.
340 MINORCA AVENUE #2
CORAL GABLES 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatures required when necessary) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRIS, MARY LOU
STREET ADDRESS	2845 GRANADA BLVD #2B
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	LARIMORE, LARRY
STREET ADDRESS	2845 GRANADA BLVD #1B
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	LYNCH, FRANCES
STREET ADDRESS	2845 GRANADA BLVD #2A
CITY - ST - ZIP	CORAL GABLES FL
TITLE	ATD
NAME	SHELLEY, EVELYN
STREET ADDRESS	2845 GRANADA BLVD #3B
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VD
NAME	SMILEY, EVELYN
STREET ADDRESS	2845 GRANADA BLVD #3C
CITY - ST - ZIP	CORAL GABLES FL
TITLE	SD
NAME	BRIGHT, MARY
STREET ADDRESS	2845 GRANADA BLVD #3A
CITY - ST - ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SHELLEY, EVELYN
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, given up or attached with an address.

SIGNATURE: Robert L. Hatfield **3/24/95 305-4487878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

The Fountainview Club #1
2845 Granada Blvd.
Coral Gables FL 33134

N32258

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

ADDITION:

T
Robert L. Hatfield
340 MINORCA AVENUE #2
Coral Gables, FL 33134