


FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90042 028 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N32258					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 156 Almeria Ave		05/11/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 Suite #200		59-1143319	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 Coral Gables, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29 33134		30 USA	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HATFIELD, ROBERT L. 156 ALMERIA AVENUE SUITE 200 CORAL GABLES FL 33134				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRIS, MARY LOU			1.2 NAME			
STREET ADDRESS	2845 GRANADA BLVD #2B			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LARIMORE, LARRY M			2.2 NAME			
STREET ADDRESS	2845 GRANADA BLVD #1B			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LYNCH, FRANCES			3.2 NAME			
STREET ADDRESS	2845 GRANADA BLVD #2A			3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHELLEY, EVELYN			4.2 NAME			
STREET ADDRESS	2845 GRANADA BLVD #3B			4.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMILEY, EVELYN			5.2 NAME			
STREET ADDRESS	2845 GRANADA BLVD #3C			5.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			5.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRIGHT, MARY			6.2 NAME			
STREET ADDRESS	2845 GRANADA BLVD #3A			6.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 **(305) 448-7878**

CR2E037 (11/98)