

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43445

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** THE FOUNTAINS OF SOUTH MIAMI CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5801 SW 74 TERRACE  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THE JACOBS-ALFONSO GROUP  
P.O. BOX 562691  
MIAMI, FL 33256 US

**New Mailing Address:**

**FEI Number:** 65-0279945      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE JACOBS-ALFONSO GROUP  
5801 SW 74TH TERRACE # 4  
SOUTH MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

THE JACOBS-ALFONSO GROUP  
2401 DOUGLAS RD.  
MIAMI, FL 33145 US

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.

SIGNATURE:

01/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: QUEVEDO, KRISTINA  
Address: 5801 SW 74 TERRACE, #5  
City-St-Zip: S. MIAMI, FL 33143

Title: TD ( ) Delete  
Name: LAMPMANN, CARLISLE  
Address: 5801 SW 74 TERRACE, #4  
City-St-Zip: S. MIAMI, FL 33143

Title: VP/D ( ) Delete  
Name: BIONDOLILLO, TOM  
Address: 5801 SW 74 TERRACE # 11  
City-St-Zip: S. MIAMI, FL 33143

Title: S/D (X) Delete  
Name: SANCHEZ, BETTY  
Address: 5801 SW 74 TERRACE # 3  
City-St-Zip: SOUTH MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SANCHEZ, BETTY  
Address: 5801 SW 74 TERRACE, # 3  
City-St-Zip: S. MIAMI, FL 33143

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLISLE LAMPMANN

SECY

01/21/2009

Electronic Signature of Signing Officer or Director

Date