


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90003 039 ****61.25

DOCUMENT # N48108			
1. Entity Name FONTANEDA SOCIETY, INC.			
Principal Place of Business BROWARD COUNTY LIBRARY-DIRECTOR'S OFF. 100 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33301 US		Mailing Address BROWARD COUNTY LIBRARY-DIRECTOR'S OFF. 100 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33301 US	
2. Principal Place of Business		3. Mailing Address MARGARET BING	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1940 NE 28TH AVE	
City & State		City & State POMPANO BEACH, FL	
Zip	Country	Zip	Country
33062	USA	33062	USA
4. FEI Number 65-0428440		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUCHBINDER, HARRIET BROWARD COUNTY LIBRARY-DIRECTOR'S OFF. 100 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BING, MARGARET	NAME	
STREET ADDRESS	1940 NE 28TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BING, MARGARET	NAME	
STREET ADDRESS	1940 NE 28TH AVE	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUFFNER, FRED G	NAME	PD BARRY BIBERMAN
STREET ADDRESS	871 FLAMINGO DRIVE	STREET ADDRESS	4016 N. OCEAN DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	CITY-ST-ZIP	HOLLYWOOD, FL 3319
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATIN, CLAIRE	NAME	
STREET ADDRESS	101 SW 1ST STREET	STREET ADDRESS	
CITY-ST-ZIP	DANIA, FL 33004	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Margaret Bing</i> (MARGARET BING)		Date	954-497-3661 3/8/06 BA339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #