


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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 MARGARET BING 1940 NE 28TH AVE POMPANO BEACH, FL 33062 US
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01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0428440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BUCHBINDER, HARRIET
 BROWARD COUNTY LIBRARY-DIRECTOR'S OFF.
 100 SOUTH ANDREWS AVENUE
 FORT LAUDERDALE, FL 33301**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BING, MARGARET 1940 NE 28TH AVE. POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BING, MARGARET 1940 NE 28TH AVE POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIBERMAN, BARRY 4016 OCEAN DRIVE HOLLYWOOD, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SATIN, CLAIRE 101 SW 1ST STREET DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/25/07-80001-005 61.25

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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: Margaret BING 1/19/07 954-765-2834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #