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CR2E037 (1/98)

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006816

1. Corporation Name
THE FOUNTAINVIEW CLUB NO. IV, INC.

Principal Place of Business: 925 PALERMO AVENUE, CORAL GABLES FL 33134

Mailing Address: 925 PALERMO AVENUE, CORAL GABLES FL 33134

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: 12/05/1997

4. FEI Number: 59-0950754 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: BISHOP, GLADYS H, 925 PALERMO AVENUE, CORAL GABLES FL 33134

10. Name and Address of New Registered Agent: 81 Name: ROLANDO HUERTA, 82 Street Address: 925 PALERMO AVE # 2 B, 83 City: CORAL GABLES, 84 City: FL, 85 Zip Code: 33134

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: *Rolando Huerta* ROLANDO HUERTA, PRESIDENT 1/28/99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: BISHOP, GLADYS	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 925 PALERMO AVENUE	CITY-ST-ZIP: CORAL GABLES FL 33134	1.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD	NAME: BELLAMY, ANNE	1.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 925 PALERMO AVENUE	CITY-ST-ZIP: CORAL GABLES FL 33134	1.4 CITY-ST-ZIP: PRESIDENT:	
TITLE: SD	NAME: WALTER, ETHELYN	2.1 TITLE: ROLANDO HUERTA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 925 PALERMO AVENUE	CITY-ST-ZIP: CORAL GABLES FL 33134	2.2 NAME: 925 PALERMO AVE # 2 B	
TITLE: (T)	NAME: Rolando Huerta	2.3 STREET ADDRESS: CORAL GABLES 33134	
STREET ADDRESS: 925 Palermo Ave - Apt 2-b	CITY-ST-ZIP: Coral Gables Fl 33134	2.4 CITY-ST-ZIP: 33134	
TITLE: (T)	NAME: Secretary Linda Wellenhofer	3.1 TITLE: SECRETARY:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1236 Manati Ave	CITY-ST-ZIP: Coral Gables Fl 33146	3.2 NAME: LINDA WELLENHOFER	
TITLE: (T)	NAME: Elizabeth T Pankey	3.3 STREET ADDRESS: 1236 MANATI AVE	
STREET ADDRESS: 925 Palermo Ave. Apt 1-A	CITY-ST-ZIP: CORAL GABLES FL 33134	3.4 CITY-ST-ZIP: CORAL GABLES FL 33146	
TITLE: (T)	NAME: Elizabeth T Pankey	4.1 TITLE: TREAS:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 925 PALERMO AVE. APT 1-A	CITY-ST-ZIP: CORAL GABLES FL 33134	4.2 NAME: BETTY ELIZABETH T. PANKEY	
		4.3 STREET ADDRESS: 925 PALERMO AVE # 1A	
		4.4 CITY-ST-ZIP: CORAL GABLES FL 33134	
		5.1 TITLE:	
		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
		6.1 TITLE:	
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		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)(b), 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: *Rolando Huerta* SIGNATURE REQUIRED 1/28/99 305/443-0971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ROLANDO HUERTA, PRESIDENT