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**May 06, 1999 8:00 am**
**Secretary of State**
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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

DOCUMENT # N98000006045

1. Corporation Name
THE FOUNTAINS AT FOUNTAINEBLEAU CONDOMINIUM NO.O NE ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 782 N. LEJEUNE RD., STE. 555 LEJEUNE CTR.<br>MIAMI FL 33126 | 782 N. LEJEUNE RD., STE. 555 LEJEUNE CTR.<br>MIAMI FL 33126 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 9330 Fontainebleau blvd.<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 Miami Fl.<br>Zip 24 33172 Country 25 | 2a. Mailing Address<br>26 9330 Fontainebleau blvd.<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 Miami Fl<br>Zip 29 33172 Country 30 | 3. Date Incorporated or Qualified<br>10/22/1998<br>4. FEI Number<br>65-0901058<br>☐ Applied For ☐ Not Applicable<br>5. Certificate of Status Desired ☐ $8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

CABRERA, ANTONIO JR
782 N. LEJEUNE RD., STE. 555 LEJEUNE CTR.
MIAMI FL 33126

10. Name and Address of New Registered Agent

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D ☐ DELETE | 1.1 TITLE | ☑ Change ☐ Addition |
| NAME | CABRERA, ANTONIO JR | 1.2 NAME | |
| STREET ADDRESS | 782 N. LEJEUNE RD., STE. 555 LEJEUNE CTR. | 1.3 STREET ADDRESS | 9330 Fontainebleau blvd. |
| CITY-ST-ZIP | MIAMI FL 33126 | 1.4 CITY-ST-ZIP | Miami Fl 33172 |
| TITLE | D ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | O'NAGHTEN, JUAN T | 2.2 NAME | |
| STREET ADDRESS | 2665 S. BAYSHORE DR., STE. 1100 GRAND BAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33131 | 2.4 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 3.1 TITLE | ☑ Change ☐ Addition |
| NAME | GARCIA CHACON, FERNANDO | 3.2 NAME | |
| STREET ADDRESS | 782 N. LEJEUNE RD., STE. 555 LEJEUNE CTR. | 3.3 STREET ADDRESS | 9330 Fontainebleau blvd |
| CITY-ST-ZIP | MIAMI FL 33126 | 3.4 CITY-ST-ZIP | Miami Fl 33172 |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E037 (11/98)

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 REQUIRED Cabrera Jr 4-29-99 (305) 559-5597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #