2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000006045

1. Entity Name

THE FOUNTAINS AT FOUNTAINEBLEAU CONDOMINIUM NO.ONE ASSOCIATION, INC.



FILED Jan 20, 2006 08:00 AN Secretary of State

Principal Place of Business

9310 FONTAINEBLEAU BLVD MIAMI, FL 33172 Mailing Address

DO NOT WRITE IN THIS SPACE

9330 FONTAINEBLEAU BLVD MIAMI, FL 33172



01052006 No Chg-NP

CR2E037 (11/05)

4.	FEI Number		Applied For	
	65-0901058		Not Applicable	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

afiri walio iliya mpiya af

6. Name and	Address of	f Current I	Registered	Agent
			-	_

VIRGILIO, MARTIN 9330 FONTAINEBLEAU BLVD MIAMI, FL 33172

SIGNATURE:

DO	NOT	WRITE
IN	THIS	SPACE

1-16-2006

				IIV I	HIS SPACE	
				• • • • • • • • • • • • • • • • • • • •	en e	nare de A
8. The above the obligat	named entity submits this statement for the tions of registered agent.	purpose of changing its registered	d office or r	egistered agent, or both	n, in the State of Florida. I am famili	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financ Trust Fund Contribution,	ing 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS			and the distance of the same o	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MARTIN, VIRGILIO 9310 FOUNTAINEBLEAU BLVD, APT MIAMI, FL 33172	301		· ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTH, CARMEN 9310 FONTAINEBLEAU BLVD. #304 MIAMI, FL 33172				U00000393534 U1/25/06-80025-009	61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, HOPE 9310 FOUNTAINEBLEAU BLVD, APT MIAMI, FL 33172	106	, , ,	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, TERESITA 9310 FONTAINEBLEAU BLVD. #302 MIAMI, FL 33172				THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			%-10-01-0			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,			
12. I hereby a indicated of the cor changed	certify that the information of police with this is on this report or supplemental report is true portation or the receiver of trustee empowers, or on an attachment with an address, with a	iling does not qualify for the executed accurate and that my signature to be execute this report as required to the like empowered.	mptions co ire shall ha ed by Chap	ntained in Chapter 119, ve the same legal effect ter 617, Florida Statutes	Florida Statutes. I further certify the cas if made under oath; that I am are; and that my name appears in Blo	at the information officer or director ok 10 or Block 11 if