


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000004689		
1. Entity Name THE FOUNTAINS I CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 7655 NW. 50TH ST MIAMI, FL 33166 US	Mailing Address PO BOX 440067 MIAMI, FL 33144 US	



03032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1049773	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

UNLIMITED PROPERTY MANAGER
7655 NW. 50TH STREET
MIAMI, FL 33166

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000856822
03/28/08-80027-008 61 25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CABRERA, SHINUET 7001 SW 87 CT MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAEZ, FRANCISCO 7001 SW 87 CT MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, YADILEIDY 7001 SW. 87 CT MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD LARIOS, MARIENE 7001 SW 87 CT MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/08 (305)553-9731