

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707286

**Entity Name:** FOUNTAINVIEW ASSOCIATION INC #2 A CONDOMINIUM

**FILED**  
**Mar 17, 2024**  
**Secretary of State**  
**3186699284CC**

**Current Principal Place of Business:**

FOUNTAINVIEW ASSOC. #2 CONDOMNIUM  
16801 N.E. 14TH AVE. OFFICE  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

FOUNTAINVIEW ASSOC. #2 CONDOMNIUM  
16801 N.E. 14TH AVE. OFFICE  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 59-1103623

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SRAGOWICZ, RAQUEL C MRS  
FOUNTAINVIEW ASSOC. #2 CONDOMNIUM  
16801 N.E. 14TH AVE. OFFICE  
NORTH MIAMI BEACH, FL 33162 US

*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.*

**SIGNATURE:** RAQUEL CELIA SRAGOWICZ

03/17/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SRAGOWICZ, RAQUEL C  
Address        FOUNTAINVIEW ASSOC. #2  
                  CONDOMNIUM  
                  16801 N.E. 14TH AVE. OFFICE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title           PRESIDENT  
Name           CUEVA, JULIAN MR  
Address        FOUNTAINVIEW ASSOC. #2  
                  CONDOMNIUM  
                  16801 N.E. 14TH AVE. OFFICE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title           VP  
Name           HERBELLA, OSCAR  
Address        FOUNTAINVIEW ASSOC. #2  
                  CONDOMNIUM  
                  16801 N.E. 14TH AVE. OFFICE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title           SECRETARY  
Name           RUIZ, ADA E  
Address        FOUNTAINVIEW ASSOC. #2  
                  CONDOMNIUM  
                  16801 N.E. 14TH AVE. OFFICE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAQUEL SRAGOWICZ

**TREASURER**

03/17/2024

Electronic Signature of Signing Officer/Director Detail

Date