

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761827

**Entity Name:** FOUNTAINVIEW CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 08, 2015**  
**Secretary of State**  
**CC0497935045**

**Current Principal Place of Business:**

C/O CAMS PLUS INC  
4524 GUN CLUB RD #105  
WEST PALM BEACH, FL 33415

**Current Mailing Address:**

C/O CAMS PLUS INC  
4524 GUN CLUB RD #105  
WEST PALM BEACH, FL 33415 US

**FEI Number: 59-2174497**

**Certificate of Status Desired: No**

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

C.A.M.S. PLUS, INC.  
C/O KIM SAUNDERS  
4524 GUN CLUB RD #105  
WEST PALM BEACH, FL 33415 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           BOWEN, MARINETE  
Address        4524 GUN CLUB RD, # 105  
City-State-Zip: WEST PALM BEACH FL 33415

Title           DIRECTOR  
Name           KHAN, ASHRAF  
Address        C/O CAMS PLUS INC  
                  4524 GUN CLUB RD #105  
City-State-Zip: WEST PALM BEACH FL 33415

Title           DIRECTOR  
Name           PALA, JOHN  
Address        C/O CAMS PLUS INC  
                  4524 GUN CLUB RD #105  
City-State-Zip: WEST PALM BEACH FL 33415

*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: KIM SAUNDERS**

**BOOKKEEPER**

**04/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date