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

STD

SIGNATURE: LIDIA CARTAYA

City-State-Zip: CORAL GABLES FL 33134

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA NOT	FOR PROFIT CORPO	DRATION ANNUAL REPORT

DOCUMENT# N07000005055

Entity Name: FOUNTAIN PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

150 ALHAMBRA CIRCLE **STE 800** CORAL GABLES, FL 33134

Current Mailing Address:

150 ALHAMBRA CIRCLE STE 800 CORAL GABLES, FL 33134

FEI Number: 26-1264281

Name and Address of Current Registered Agent:

S&K REALTY GROUP LLC 150 ALHAMBRA CIRCLE STE 800 CORAL GABLES, FL 33134 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

Officer/Director Detail :				
Title	PD	Title	STD	
Name	KUCZURBA, DIRK	Name	CARTAYA, LIDIA	
Address	150 ALHAMBRA CIRCLE, STE 800	Address	150 ALHAMBRA CIRCLE, STE 800	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	
Title	VP			
Name	LEON, MONICA			
Address	150 ALHAMBRA CIRCLE STE 800			

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 above, or on an attachment with all other like empowered.

FILED Apr 10, 2017 Secretary of State CC4511680479

Certificate of Status Desired: Yes

04/10/2017 Date

Date