

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002826

**FILED**  
**Mar 20, 2023**  
**Secretary of State**  
**5142188681CC**

**Entity Name:** THE FOUNTAINVIEW CLUB NO. 2 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2825 GRANADA BLVD.  
UNIT 2-A  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2825 GRANADA BLVD.  
UNIT 2-A  
CORAL GABLES, FL 33134

**FEI Number: 59-6064793**

**Certificate of Status Desired: No**

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

CERTIFIED PROPERTY MANAGEMENT CORP,  
1801 CORAL WAY  
SUITE 305  
MIAMI, FL 33145 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: ALBERTO COHEN**

**03/20/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name COSCULLUELA, MARIA E  
Address 2825 GRANADA BLVD 2A  
City-State-Zip: CORAL GABLES FL 33134

Title VD  
Name SAGUE, JUAN  
Address 2825 GRANADA BLVD  
2B  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name O'MALLEY, MARY P  
Address 2825 GRANADA BLVD 1B  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name BUCH, ERNESTO  
Address 2825 GRANADA BLVD  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name EIRAS, SELVA  
Address 2825 GRANADA BLVD  
3A  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name GONZALES, MARIA T  
Address 2825 GRANADA BLVD 3B  
City-State-Zip: CORAL GABLES FL 33134

*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: COSCULLUELA , MARIA E**

**PRESIDENT**

**03/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date