

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768023 (4)**  
 1. Corporation Name  
**FOUNTAINS SOUTH PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business 4615 S. FOUNTAINS DR LAKE WORTH FL 33467 US	Mailing Address 4615 S. FOUNTAINS DR LAKE WORTH FL 33467 US
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3. Date Incorporated or Qualified <b>04/19/1983</b>	
4. FEI Number <b>59-2340750</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**POULETTE, DEBBIE**  
**4615 S. FOUNTAINS DR.**  
**LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD ZINN, MORTON	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD HERBERT KRIEGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5300 FOUNTAINS DR S		1.2 NAME		
CITY-ST-ZIP	LAKE WORTH FL		1.3 STREET ADDRESS	5257-705 FOUNTAINS DR. S.	
TITLE	VDT SIEGEL, HARRY	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
STREET ADDRESS	6967 FOUNTAINS CIRCLE		2.1 TITLE	D SEYMOUR FLASTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	LAKE WORTH FL		2.2 NAME		
TITLE	PD SELD, HOWARD	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	6872 PARSIAN WAY	
STREET ADDRESS	5257 FOUNTAINS DR. SO #702		2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
CITY-ST-ZIP	LAKE WORTH FL		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD HESEL, ELAINE	<input type="checkbox"/> DELETE	3.2 NAME		
STREET ADDRESS	6886 FOUNTAINS CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP		
TITLE	VD GOROS, CALVIN	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6712 PALEMO WAY		4.2 NAME		
CITY-ST-ZIP	LAKE WORTH FL		4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
STREET ADDRESS			5.1 TITLE	D AZ RAUCHMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP			5.2 NAME		
			5.3 STREET ADDRESS	6933 FOUNTAINS CIRCLE	
			5.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME		
			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herbert Krieger* **HERBERT KRIEGER** 4/21/98 561-964-3600

CF2E037 (10/97)