

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769987 (9)
1. Corporation Name
FOUNTAINS SOUTH CONDOMINIUM ASSOCIATION NO. 1, I
NC.

Principal Place of Business Mailing Address
4615 S FOUNTAIN DRIVE 4615 S. FOUNTAIN DR.
LAKE WORTH FL 33467-2065 LAKE WORTH FL 33467-2065
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/25/1983 3a. Date of Last Report 05/01/1994
4. FEI Number 59-2319078 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ 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 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

POULETE, DEBBIE
4615 S. FOUNTAINS DRIVE
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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME CAGNER, DORIS
STREET ADDRESS 5270 FOUNTAINS DR S.
CITY - ST - ZIP LAKE WORTH FL
TITLE PD
NAME SHERMAN, FRED
STREET ADDRESS 5222 FOUNTAINS DR. S.
CITY - ST - ZIP LAKE WORTH FL
TITLE TD
NAME FEINGOLD, STANLEY
STREET ADDRESS 5172 FOUNTAINS DR. S.
CITY - ST - ZIP LAKE WORTH FL
TITLE SD
NAME SACKS RUTH
STREET ADDRESS 5274 FOUNTAINS DRIVE SO.
CITY - ST - ZIP LAKE WORTH FL
TITLE VD
NAME WARSHAW, SEYMOUR
STREET ADDRESS 5230 FOUNTAIN S DR. S.
CITY - ST - ZIP LAKE WORTH FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME SACKS, MARTIN
3.3 STREET ADDRESS 5274 FOUNTAINS DR. S O,
3.4 CITY - ST - ZIP LAKE WORTH, FL
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED SHERMAN

Date

Telephone #

4/26/98 (407) 964-3600