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

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

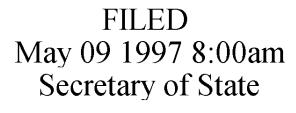
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(9)

FOUNTAINS SOUTH CONDOMINIUM ASSOCIATION NO. 1, I

Principal Place of Business

Mailing Address





4615 FOUNTAINS DRIVE LAKE WORTH FL 33467-2065 US		4615 FOUNTIANS DRIVE LAKE WORTH FL 33467-4155 US				3. Date Incorporated or Qualified 3a. Date of Last Report 08/25/1983 04/29/1996				
2. Principal P	iace of Business	2a. Mailing Address				4. FEI Number 59-2319078	umber Applied For 9-2319078 Not Applicable			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	Ð	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	25 29 30			,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
ĺ				81	Name					
POULETE, DEBBIE 4615 FOUNTIANS DRIVE				82	Street Ac	dress (P.O. Box Number is Not Acceptable)				
	ORTH FL 33467			83						
	•			84	City		FL 85	Zip	Code	
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:  Signature, typed or printed name of registored agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE										
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	VD	☐ DE	LETE	1.) TITLE				Change	Addition	
NAME	CAGNER, DORIS			1.₽ NAME						
STREET ADDRESS CITY-ST-ZIP	5270 FOUNTAINS DR S. LAKE WORTH FL			1.8 STREET	ŀ					
TITLE	PD	□ DE		1.4 CITY-S 2.1 TITLE	ii-Zir		П	Change	Addition	
NAME	SHERMAN, FRED	_		2.2 NAME	ļ		_			
STREET ADDRESS	5222 FOUNTAINS DRIVE S			2.8 STREET	ADDRESS					
CITY-ST-ZIP	LAKE WORTH FL			2.j4 CITY-:	ST-ZIP					
TITLE	VD	☐ DE	LETE	3.1 TITLE				Change	Addition	
NAME	SCHIZ, MORRIS	·	ľ	3.P NAME						
STREET ADDRESS	5226 FOUNTAINS DRIVE SOU	IH		3.\$ STREET						
CITY-ST-ZIP TITLE	LAKE WORTH FL SD	DE DE		3.4. CITY-:	S1 - ZIP		——————————————————————————————————————	Change	Addition	
NAME	SACKS RUTH			4.:2 NAME			، سا	orion igo	LT Modition	
STREET ADDRESS	5274 FOUNTAINS DRIVE SO.			4.8 STREET	ADDRESS					
CITY-ST-ZIP	LAKE WORTH FL			4.4 CITY-S						
TITLE	TD	□ DE		5.1 TITLE				Change	Addition	
NAME	TAUMAN, DANIEL			5.2 NAME						
STREET ADDRESS	5146 FOUNTAINS DRIVE SOU	TH		5.3 STREET	ADDRESS					
CITY-ST-ZIP	LAKE WORTH FL			5.∮ CłTY-S	I - ZIP					
TITLE	7.	☐ DE		6.1 TITLE				Change	☐ Addition	
NAME 1	*			6.2 NAME						
STREET ADDRESS				6.9 STREET	ſ					
CITY-ST-ZIP				6.4 CITY-S	T-ZIP				1	

14. I do 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.