2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90014 002 ****61.25

DOCUMENT # 769987

1. Entity Name

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2319078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POULETE, DEBBIE 4615 FOUNTIANS DRIVE LAKE WORTH FL 33467	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing *Trust Fund Contribution.* ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CAGNER, DORIS 5270 FOUNTAINS DR S. LAKE WORTH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NITKIN, JOSEPH 5242 FOUNTAINS DR. SO. LAKE WORTH, FL 33467	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHERMAN, FRED 5222 FOUNTAINS DRIVE S LAKE WORTH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SACKS, MARTIN 5274 FOUNTAINS DR. SO. LAKE WORTH, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FEINGOLD, JANET 5172 FOUTAINS DR, S LAKE WORTH FL 33467	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SACKS RUTH 5274 FOUNTAINS DRIVE SO. LAKE WORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TAUMAN, DANIEL 5146 FOUNTAINS DRIVE SOUTH LAKE WORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GOLDFINGER, ALBERT 5202 FOUNTAINS DR SO. LAKE WORTH, FL 33467	☐ Change ☒ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Albert Goldfinger REQUIRED 4/18/00 561 964-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #