2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #769987

1. Entity Name
FOUNTAINS SOUTH CONDOMINIUM ASSOCIATION NO.



FILED

Feb 07, 2008 8:00 am Secretary of State

02-07-2008 90012 048 ****61.25

•			1	TEST					
4615 FOUNTAINS DRIVE 461: SUITE B SUIT		Mailing Address 4615 FOUNTAINS DRIVE SUITE B LAKE WORTH, FL 33467	615 FOUNTAINS DRIVE		TOUR THE STATE OF			TA 8(8() 8(8)) 8(8)	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01072008 CI	ng-NP	CR2E03	37 (12/06)	
City & State		City & State	City & State		4. FEI Number 59-231907	8		 	plied For Applicable
Zip Country		Zip	<u> </u>		5. Certificate of St			\$8.75 Add Fee Required	
	6. Name and Address of Current R	egistered Agent			7. Name and Add	reas of New R	egistered /	Agent	
POULETE, DEBBIE 4615 FOUNTIANS DRIVE SUITE B				Name Street Address (P.O. Box Number is Not Acceptable)					
LAKE WO	RTH, FL 33467		City		. <u>.</u>		FL	Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	registered	d agent, or both, in	the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Agent signat	ure required w	nen reinstating)		DATE		
						Factorial residence		1 ab . 72	
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign F Trust Fund Contributi					\$5.00 May Be Added to Fees			payable to tment of St	
10.	OFFICERS AND DIR	ECTORS	11.	ΑE	ODITIONS/CHANG	ES TO OFFICE	RS AND DI	RECTORS IN	10
TITLE	VD	☐ Delete	TITLE	-				Change	☐ Addition
NAME	SACKS, MARTIN		NAME						
STREET ADDRESS	5274 FOUNTAINS DR S		STREET ADDRESS						
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	,					
TITLE	s	Delete	FITLE	S/D				Change	Addition
NAME	ORFINGER, SANDRA		NAME	_ C	olucino,	0-1041	2018	4	
STREET ADDRESS	5176 FOUNTATIONS DR SOUTH		STREET ADDRESS	51	ish Lor	ntains	カレフノ] 	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		alte Wa	~41,Fl	3341		
TITLE	PD	☐ Delete	TITLE					Change	☐ Addition
NAME	TAUMAN, DANIEL		NAME						
STREET ADDRESS	5146 FOUNTAINS DRIVE SOUTH LAKE WORTH, FL 33467	1	STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP				 	 	 			T 44400-
TITLE	TD	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	GOLDFINGER, ALBERT 5202 FOUNTAINS DR SOUTH		NAME STREET ADDRESS						
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP						
	Este Worth, Le sovoi	☐ Detete	TITLE					☐ Change	☐ Addition
TITLE NAME		L Delete	NAME				-	C. Change	received
STREET ADDRESS			STREET ADDRESS	1					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	_				☐ Change	Addition
NAME			NAME					_ •	_ `
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 of 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 give files empowered.

SIGNATURE: _