

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N18187 (7)**  
1. Corporation Name  
**FOUNTAINS SOUTH ATRIUM HOMES ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**4615 S. FOUNTAINS DR  
LAKE WORTH FL 33467  
US** **4615 S FOUNTAINS DRI  
LAKE WORTH FL 33467  
US**

3. Date Incorporated or Qualified **12/10/1986** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **4615 FOUNTAINS DR.** 26 **4615 FOUNTAINS DR.**

4. FEI Number **59-2726552** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

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

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**POULETTE, DEBBIE  
4615 S. FOUNTAINS DRIVE  
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent  
#1 Name  
#2 Street Address (P.O. Box Number is Not Acceptable)  
**4615 FOUNTAINS DR.**  
#3  
#4 City **FL** #5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANFORD, BERNARD	1.2 NAME	
STREET ADDRESS	6888 PALERMO WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING IRVING	2.2 NAME	
STREET ADDRESS	6791 FOUNTAINS CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZALK, MILTON	3.2 NAME	
STREET ADDRESS	6772 PALERMO WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTZ, BEVERLY	4.2 NAME	
STREET ADDRESS	6638 FOUNTAINS CRICLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, EVERETT	5.2 NAME	
STREET ADDRESS	6727 PALERMO WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAWTMAN, HARVEY	6.2 NAME	
STREET ADDRESS	6779 FOUNTAINS CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	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)(k), 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 changed, or on an attachment with an address

SIGNATURE: Sandra B. Mortham **Manford Bernard manford 4/2/96 (407)964-3600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)