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**May 01 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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 FOUNTAINS DRIVE LAKE WORTH FL 33467 US

3. Date Incorporated or Qualified **12/10/1986** 3a. Date of Last Report **04/29/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2726552** Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
24 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 **POULETTE, DEBBIE
4615 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 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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

| 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 | 6688 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 CRICLE | 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 checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KRAWTMAN, HARVEY | 6.2 NAME | D BERNARD KAUFMAN |
| STREET ADDRESS | 6779 FOUNTAINS CRICLE | 6.3 STREET ADDRESS | 6626 FOUNTAINS CRICLE |
| CITY - ST - ZIP | LAKE WORTH FL | 6.4 CITY - ST - ZIP | LAKE WORTH, FL 33467 |

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.

SIGNATURE: *[Signature]* Pres. 4/17/97 561-964-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043997

CR2E037 (9/96)