

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18187 (7)
 1. Corporation Name
FOUNTAINS SOUTH ATRIUM HOMES ASSOCIATION, INC.



Principal Place of Business 4615 FOUNTAINS DRIVE LAKE WORTH FL 33467 US	Mailing Address 4615 FOUNTAINS DRIVE LAKE WORTH FL 33467 US
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3. Date Incorporated or Qualified
12/10/1986

4. FEI Number 59-2726552	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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	85 Zip Code
			FL	

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 _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANFORD, BERNARD	
STREET ADDRESS	6888 PALERMO WAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MANNING IRVING	
STREET ADDRESS	6791 FOUNTAINS CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZALK, MILTON	
STREET ADDRESS	6772 PALERMO WAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOLTZ, BEVERLY	
STREET ADDRESS	6638 FOUNTAINS CRICLE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOFFMAN, EVERETT	
STREET ADDRESS	6727 PALERMO WAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAUFMAN, BERNARD	
STREET ADDRESS	6826 FOUNTAIN CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HERMAN BERNSTEIN
2.3 STREET ADDRESS	6924 PALERMO WAY
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD MARVIN MARGOLIES
4.3 STREET ADDRESS	6920 PALERMO WAY
4.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VD
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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]* **REQUIRED**

CP2E037 (10/97)