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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N18187

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/10/1986
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-2726552
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

POULETTE, DEBBIE
 4615 FOUNTAINS DRIVE
 LAKE WORTH FL 33467

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MANFORD, BERNARD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6688 PALERMO WAY	1.2 NAME	
STREET ADDRESS	LAKE WORTH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D BERNSTEIN, HERMAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6724 PALERMO WAY	2.2 NAME	
STREET ADDRESS	LAKE WORTH FL 33467	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD ZALK, MILTON	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6772 PALERMO WAY	3.2 NAME	
STREET ADDRESS	LAKE WORTH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD MARGOLIES, MARVIN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6720 PALERMO WAY	4.2 NAME	
STREET ADDRESS	LAKE WORTH FL 33467	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D HOFFMAN, EVERETT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6727 PALERMO WAY	5.2 NAME	
STREET ADDRESS	LAKE WORTH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VD KAUFMAN, BERNARD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6626 FOUNTAIN CIRCLE	6.2 NAME	
STREET ADDRESS	LAKE WORTH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] Pres. 4/15/99 561-964-3600

CR2E037 (11/98)