

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90092 030 ****61.25

DOCUMENT # N18187

1. Entity 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 33467-4155
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2726552

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POULETTE, DEBBIE
4615 FOUNTAINS DRIVE
LAKE WORTH FL 33467

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MANFORD, BERNARD	
STREET ADDRESS	6688 PALERMO WAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNSTEIN, HERMAN	
STREET ADDRESS	6724 PALERMO WAY	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZALK, MILTON	
STREET ADDRESS	6772 PALERMO WAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARGOLIES, MARVIN	
STREET ADDRESS	6720 PALERMO WAY	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOFFMAN, EVERETT	
STREET ADDRESS	6727 PALERMO WAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KAUFMAN, BERNARD	
STREET ADDRESS	6626 FOUNTAIN CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVERLY HOLTZ	
STREET ADDRESS	6638 FOUNTAINS CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. STANLEY SAUNDERS	
STREET ADDRESS	6740 PALERMO WAY	
CITY-ST-ZIP	LAKE WORTH, FL 33467	

12. 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 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 or 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

561 964-3600

Daytime Phone #

CR2E037 (9/99)