

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 768023 (4)**  
1. Corporation Name  
**FOUNTAINS SOUTH PROPERTY OWNERS ASSOCIATION, INC.**

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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 28 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

APPROVED AND FILED  
58 MAY -1 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/19/1983** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2340750** Applied For Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

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 DR.  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BACALMAN, MORRIS
STREET ADDRESS	5279 FOUNTAIN DR SO #203
CITY-ST-ZIP	LAKE WORTH FL
TITLE	VD
NAME	NOVICK, HY
STREET ADDRESS	6983 FOUNTAINS CIR
CITY-ST-ZIP	LAKE WORTH FL
TITLE	TSD
NAME	SELD, HOWARD
STREET ADDRESS	5257 FOUNTAINS DR S
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D
NAME	LEVINE, NATHAN
STREET ADDRESS	5514 SAN MARINO WAY
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D
NAME	DRAKE, STANLEY
STREET ADDRESS	5298 FOUNTAIN DR S
CITY-ST-ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ZINN, MORTON	
1.3 STREET ADDRESS	5300 FOUNTAINS DRIVE SO.	
1.4 CITY-ST-ZIP	LAKE WORTH, FL	
2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SIEGEL, HARRY	
2.3 STREET ADDRESS	6967 FOUNTAINS CIRCLE	
2.4 CITY-ST-ZIP	LAKE WORTH, FL	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	5857 FOUNTAINS DR, SO., #702	
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HESSELL, ELAINE	
4.3 STREET ADDRESS	6886 FOUNTAINS CIRCLE	
4.4 CITY-ST-ZIP	LAKE WORTH, FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MURIK, STANLEY	
5.3 STREET ADDRESS	5502 SAN MARINO WAY	
5.4 CITY-ST-ZIP	LAKE WORTH, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(b), 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: Howard P. Seld 4/26/95 (407) 964-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Article 13, Part 2)