FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769987 (9)

1. Corporation Name

FOUNTAINS SOUTH CONDOMINIUM ASSOCIATION NO. 1, I NC.

Principal Place of Business	Mailing Address
4615 S FOUNTAIN DRIVE LAKE WORTH FL 33467-2065	4615 S. FOUNTAIN DR. LAKE WORTH FL 33467-2065 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/25/1983	05/01/1994

4. FEI Number: 59-2319078 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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	10. Name and Address of New Registered Agent
POULETE, DEBBIE 4615 S. FOUNTAINS DRIVE LAKE WORTH FL 33467	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☐ Addition
NAME	CAGNER, DORIS	12 NAME		
STREET ADDRESS	5270 FOUNTAINS DR S.	13 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	SHERMAN, FRED	22 NAME		
STREET ADDRESS	5222 FOUNTAINS DR. S.	23 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	FEINGOLD, STANLEY	32 NAME	SACKS, MARTIN	
STREET ADDRESS	5172 FOUNTAINS DR. S.	33 STREET ADDRESS	5274 FOUNTAINS DR. SO.	
CITY-ST-ZIP	LAKE WORTH FL	34 CITY-ST-ZIP	LAKE WORTH, FL	
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	SACKS RUTH	42 NAME		
STREET ADDRESS	5274 FOUNTAINS DRIVE SO.	43 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	WARSHAW, SEYMOUR	52 NAME		
STREET ADDRESS	5230 FOUNTAIN S DR. S.	53 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: _____ FRED SHERMAN 4/26/95 (407) 964-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012091