FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N09923 (6)

1. Corporation Name
FOUNTAINS SOUTH NO. 3 VILLAGE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4615 S. FOUNTAIN DRIVE LAKE WORTH FL 33467-5065	4615 S. FOUNTAIN DRIVE LAKE WORTH FL 33467-5065

3. Date Incorporated or Qualified: 06/24/1985
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21: 4615 FOUNTAINS DR.
2a. Mailing Address — 26: 4615 FOUNTAINS DR.
22: Suite, Apt. #, etc.
27: Suite, Apt. #, etc.
23: City & State
28: City & State
24: Zip
25: Country
29: Zip
30: Country

4. FEI Number: 59-2519203 ☐ 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
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 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): 4615 FOUNTAINS DR.
83
84 City: FL — 85 Zip Code

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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RICHMOND, DAVID		1.2 NAME		
STREET ADDRESS	5301 FOUNTAINS DR, SOUTH, #502		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	SELD, HOWARD		2.2 NAME	BACALMAN, MORRIS	
STREET ADDRESS	5257 FOUNTAINS DR S #702		2.3 STREET ADDRESS	5279 FOUNTAINS DR. SO. # 203	
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KRIEGER, HERBERT		3.2 NAME		
STREET ADDRESS	5257 FOUNTAINS DR S #705		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	TSD	☒ Change ☐ Addition
NAME	KUTZIN, MILTON		4.2 NAME		
STREET ADDRESS	5301 FOUNTAINS DR. SO. #405		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STEINBERG, NATHAN		5.2 NAME		
STREET ADDRESS	5279 FOUNTAIN DR., S. #205		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	SUGARMAN, EUGENE		6.2 NAME	ROTHFARB, SEYMOUR	
STREET ADDRESS	5257 FOUNTAINS DR. SO. #604		6.3 STREET ADDRESS	5301 FOUNTAINS DR. SO. #505	
CITY-ST-ZIP	LAKE WORTH FL		6.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	

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)(k), 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: Herbert Krieger Herbert Krieger 4/4/96 (407)964-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)