

# 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 # 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

3. Date Incorporated or Qualified  
08/25/1983

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 4615 FOUNTAINS DR.

26 4615 FOUNTAINS DR.

4. FEI Number

59-2319078

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

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)

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD  
NAME CAGNER, DORIS  
STREET ADDRESS 5270 FOUNTAINS DR S.  
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

TITLE PD  
NAME SACKS, MARTIN  
STREET ADDRESS 5274 FOUNTAINS DR. SO.  
CITY-ST-ZIP LAKE WORTH FL ☒ DELETE

TITLE TD  
NAME FEINGOLD, STANLEY  
STREET ADDRESS 5172 FOUNTAINS DR. S.  
CITY-ST-ZIP LAKE WORTH FL ☒ DELETE

TITLE SD  
NAME SACKS RUTH  
STREET ADDRESS 5274 FOUNTAINS DRIVE SO.  
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

TITLE VD  
NAME WARSHAW, SEYMOUR  
STREET ADDRESS 5230 FOUNTAIN S DR. S.  
CITY-ST-ZIP LAKE WORTH FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE PD  
22 NAME SHERMAN, FRED  
23 STREET ADDRESS 5222 FOUNTAINS DR. SO.  
24 CITY-ST-ZIP LAKE WORTH, FL 33467 ☐ Change ☒ Addition

31 TITLE VD  
32 NAME SCHIZ, MORRIS  
33 STREET ADDRESS 5226 FOUNTAINS DR. SO.  
34 CITY-ST-ZIP LAKE WORTH, FL 33467 ☐ Change ☒ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE VD  
52 NAME TAUMAN, DANIEL  
53 STREET ADDRESS 5146 FOUNTAINS DR. SO.  
54 CITY-ST-ZIP LAKE WORTH, FL ☐ Change ☒ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Fred Sherman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred Sherman

4/2/96 (407) 964-3600

Date

Daytime Phone #

CR2E037 (12/95)