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FILED

May 08 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N10263 (4)**

1. Corporation Name

FOUNTAINS SOUTH CONDOMINIUM NO. 3A ASSOCIATION, INC.

Principal Place of Business

**4615 S. FOUNTAIN DR
LAKE WORTH FL 33467
US**

Mailing Address

**4615 S. FOUNTAINS DR
LAKE WORTH FL 33467-5065
US**3. Date Incorporated or Qualified
07/16/19853a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POULETTE, DEBBIE
4615 S. FOUNTAIN DR.
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 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SELD, HOWARD	
STREET ADDRESS	5257 FOUNTAIN DR S. 702	
CITY-ST-ZIP	LAKE WORTH FL	

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BURTON KARP	
1.3 STREET ADDRESS	5257 FOUNTAINS DR. S. APT. 701	
1.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MLER, ALVIN	
STREET ADDRESS	5257 FOUNTAIN DR. SO 202	
CITY-ST-ZIP	LAKE WORTH FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRIEGER, HERBERT	
STREET ADDRESS	5257 FOUNTAIN DR. S. 705	
CITY-ST-ZIP	LAKE WORTH FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HULNICK, GEORGE	
STREET ADDRESS	5257 FOUNTAIN DR SO 501	
CITY-ST-ZIP	LAKE WORTH FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAZARUS, RALPH	
STREET ADDRESS	5257 FOUNTAIN DR S. #301	
CITY-ST-ZIP	LAKE WORTH FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	RASKIN, PAUL	
STREET ADDRESS	5257 FOUNTAINS DR., SO.#102	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

561-964-3600

Date

Daytime Phone # 0044010

CR2E037 (9/96)