FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

770526

(2)

FOUNTAINS SOUTH VILLAS ASSOCIATION, INC.

FILED Apr 23 1998 8:00am Secretary of State

Principal Place of Business Mailing Address										i ideitt ibali 1841s Ediat gilte ilain eilt d	###11 WIWIN #1811 #1	YII VIV	1 \$1\$11 (851	
4615 FOUNTAINS OR					4615 FOUNTAINS DR				F	3. Date Incorporated or Qualified				
LAKE WORTH FL 33467 US					LAKE WORTH FL 33467 US					09/30/1983				
Uč	,			03						4. FEI Number			lied For	
0 District Office (District Office)					LO Malling Addison					59-2340332			Applicable	
_	2. Principal Place of Business			28	2a. Mailing Address					5. Certificate of Status Desired	J	/5 Ad le Rec	ditional wired	
Suite, Apt. #, etc.			20	Suite, Apt. #, etc.					6. Election Campaign Financing			ay Be		
22	–			27	27					Trust Fund Contribution		ed to	•	
	City & State				City & State				Ī	7. Is this nonprofit corporation a home		iation	?	
23				28						☐ Yes ☐ No				
	Zip I	· — — —			Zip Country				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
24 25 2 27 28 29 29 29 29 29 29 29 29 29 29 29 29 29										10. Name and Address of New Registered Agent				
s. Harris and Address of Content registered Agent							81	Nam						
POULETTE, DEBBIE								Ctro	at Addson	dress (P.O. Box Number is Not Acceptable)				
4615 FOUNTAINS DR								Siret	el Addres	ss (F.O. Box Number is Not Acceptable)				
LAKE WORTH FL 33467														
						84 0					85	Zip C	ode	
								City			FL	•		
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Floride Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Sta 								e-name	ed corpor orporation	ration submits this statement for the purp n's board of directors. I hereby accept th	ose of changi ne appointmen	ing its nt as r	registered egistered	
	agent la	n familiar w	ith, and accept the oblig	ations of	, Section 617.0503,	Statutes	S.	.,,	,			•		
s	IGNATURE _										DATE			
1:		Signature, typed	or printed name of registered age OFFICERS AN				3.	ent signat	ture required	I when reinstaling) ADDITIONS/CHANGES TO OFFICER		TORS	IN 12	
⊢	r. TLE	TD	OFFICENS AN	DINEC	DELETE	_	.1 TITLE		- T	7,0011101107070711110101101011101111	☐ Cha		Addition	
l	AME	SIEGEL.	HARRY				.2 NAME							
STREET ADDRESS		6967 FOUNTAINS CIRCLE			,		.3 STREET	ADDRES	ss I					
CITY-ST-ZIP			ORTH FL				1.4 CITY - ST - ZIP							
_	TLE	VD.			DELETE		I TITLE				☐ Cha	inge	Addition	
N.	AME	· ·	R, JEANNE			2	2 NAME							
			OUNTAINS CIRCLE			2	3 STREET	ADDRES	ss Í					
C	ITY-ST-ZIP	LAKE W	ORTH FL			2	4 CITY-	ST-ZIP						
_	TLE	PD			☐ DELETE	3	1 TITLE			•	☐ Cha	nge	Addition	
N	AME		AN, DAVID			3	2 NAME							
S	TREET ADDRESS		DUNTAINS CIRCLE			3	.3 STREET	ADORES	ss					
_	ITY-ST-ZIP		ORTH FL			_	.4. CITY-	ST-ZIP	-		- Ch		I Addition	
	TLE	VD			☐ D€LETE		I.1 TITLE				☐ Cha	របៀស	ריין אטטווטמא	
	AME		MAN, ALFRED				. 2 NAME		.					
	TREET ADDRESS		DUNTAINS CIRCLE				I.3 STREET		×					
_	ITY-ST-ZIP		ORTH FL		DELETE		I.4 CITY - S	si-ziP			Cha	anne	Addition	
	TLE	SD	L ELAINE		☐ DELETE		i.1 TITLE i.2 Name							
1	AME		LL ELAINE DUNTAINS CIRCLE				i.2 name i.3 street	ADDEC						
1	TREET ADDRESS		ORTH FL				.4 CITY - 5		~					
_	TY-ST-ZIP	DANE N	ORIH FL		DELETE		5.4 CHT-2 5.1 TITLE	91 - EIF	TD		Cha	ange	X Addition	
	AME	-	ier, nerbert				THAME C		185	LIE HARE		-	* '	
	TREET ADDRESS		DUNTAIN CIRCLE			ľ	3 STREET	I ADDRES	8 681	9 FOUNTAINS CIRCLE				
	ITY-ST-7IP		ORTH FI				.4 CiTY-5		LAI	KE WORTH, FL 3346	7			

14. I 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 or an attachment with an address.

SIGNATURE:

Cerry Ma / Canpusan

4/6/88 561-964-3600

F2E037 (10/97)