

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18187** (7)
1. Corporation Name
FOUNTAINS SOUTH ATRIUM HOMES ASSOCIATION, INC.




Principal Place of Business 4615 FOUNTAINS DRIVE LAKE WORTH FL 33467 US		Mailing Address 4615 FOUNTAINS DRIVE LAKE WORTH FL 33467 US		3. Date Incorporated or Qualified 12/10/1986	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		4. FEI Number 59-2726552 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent POULETTE, DEBBIE 4615 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) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MANFORD, BERNARD			1.2 NAME			
STREET ADDRESS	6886 PALERMO WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MANNING IRVING			2.2 NAME	HERMAN BERNSTEIN		
STREET ADDRESS	6791 FOUNTAINS CIRCLE			2.3 STREET ADDRESS	6924 PALERMO WAY		
CITY-ST-ZIP	LAKE WORTH FL			2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZALK, MILTON			3.2 NAME			
STREET ADDRESS	6772 PALERMO WAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HOLTZ, BEVERLY			4.2 NAME	MARVIN MARGOLIES		
STREET ADDRESS	6638 FOUNTAINS CRICLE			4.3 STREET ADDRESS	6920 PALERMO WAY		
CITY-ST-ZIP	LAKE WORTH FL			4.4 CITY-ST-ZIP	LAKE WORTH, FL 33467		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOFFMAN, EVERETT			5.2 NAME			
STREET ADDRESS	6727 PALERMO WAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAUFMAN, BERNARD			6.2 NAME			
STREET ADDRESS	6626 FOUNTAIN CIRCLE			6.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			6.4 CITY-ST-ZIP			

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 on an attachment with an address.

SIGNATURE:  **REQUIRED**

CP2E037 (10/97)