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**Apr 20, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 768023**

1. Corporation Name

**FOUNTAINS SOUTH PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

4615 S. FOUNTAINS DR  
 LAKE WORTH FL 33467  
 US

Mailing Address

4615 S. FOUNTAINS DR  
 LAKE WORTH FL 33467  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/19/1983

22 City & State

27 City & State

4. FEI Number

Applied For

59-2340750

Not Applicable

23 Zip

28 Zip

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Country

29 Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POULETTE, DEBBIE**  
 4615 S. FOUNTAINS 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **TD KRIEGER, HERBERT**  
 STREET ADDRESS **5257-705 FOUNTAINS DR S**  
 CITY-ST-ZIP **LAKE WORTH FL 33467**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D FLASTER, SEYMOUR**  
 STREET ADDRESS **6872 PARISIAN WAY**  
 CITY-ST-ZIP **LAKE WORTH FL 33467**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **PD SELD, HOWARD**  
 STREET ADDRESS **5257 FOUNTAINS DR. SO #702**  
 CITY-ST-ZIP **LAKE WORTH FL**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **SD HESSELL, ELAINE**  
 STREET ADDRESS **6886 FOUNTAINS CIRCLE**  
 CITY-ST-ZIP **LAKE WORTH FL**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D RAUCHMAN, AL**  
 STREET ADDRESS **6933 FOUNTAINS CIRCLE**  
 CITY-ST-ZIP **LAKE WORTH FL 33467**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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)(l), 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Howard D. Seld*

Date

Daytime Phone #

CR2E037 (1/98)