## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## **DOCUMENT # N18187** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name FOUNTAINS SOUTH ATRIUM HOMES ASSOCIATION, INC. 04-24-2000 90092 030 \*\*\*\*61.25 Mailing Address Principal Place of Business 4615 FOUNTAINS DRIVE 4615 FOUNTAINS DRIVE LAKE WORTH FL 33467 LAKE WORTH FL 33467-4155 UUUI \*~~ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2726552 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) POULETTE, DEBBIE 4615 FOUNTAINS DRIVE LAKE WORTH FL 33467 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change **X** Addition PD TITLE TITLE Delete BENERLY HOLTE MANFORD, BERNARD NAME NAME 6638 FOUNTAINS CIRCLE STREET ADDRESS 6688 PALERMO WAY STREET ADDRESS LAKE WORTH, FL CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Change ☐ Addition TITLE TITLE ☐ Defete BERNSTEIN, HERMAN NAME NAME STREET ADDRESS STREET ADDRESS 6724 PALERMO WAY CITY-ST-ZIF CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete ☐ Change ☐ Addition TITLE TD TITLE ZALK, MILTON NAME NAME STREET ADDRESS STREET ADDRESS 6772 PALERMO WAY CITY-ST-ZIP CITY-ST-7IP lake worth fl PD Change ☐ Addition SD TITI F TITLE ☐ Delete MARGOLIES, MARVIN NAME NAME STREET ADDRESS 6720 PALERMO WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Change ☐ Addition ☐ Delete TITLE HOFFMAN, EVERETT NAME NAME STREET ADDRESS STREET ADDRESS 6727 PALERMO WAY CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL **⊠** Addition ☐ Change Delete TITLE DR. STANLEY SAUNDERS KAUFMAN, BERNARD NAME 6740 PALERMO WAY NAME STREET ADDRESS STREET ADDRESS 6626 FOUNTAIN CIRCLE AKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 12. Thereby 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 report or supplemental 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 10 or Block 11 if

-17.00