

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10263

1. Entity Name

FOUNTAINS SOUTH CONDOMINIUM NO. 3A ASSOCIATION,

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90092 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4615 S. FOUNTAIN DR  
LAKE WORTH FL 33467  
US

4615 S. FOUNTAINS DR  
LAKE WORTH FL 33467  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2519216

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POULETTE, DEBBIE  
4615 S. FOUNTAIN DR.  
LAKE WORTH FL 33467

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**

**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Delete  
NAME SEND, HOWARD  
STREET ADDRESS 5257 FOUNTAINS DR S APT 702  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE SD ☐ Change ☒ Addition  
NAME SCHEFNER, HERBERT  
STREET ADDRESS 5257 FOUNTAINS DR. SO., APT 305  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE VD ☐ Delete  
NAME IVLER, ALVIN  
STREET ADDRESS 5257 FOUNTAIN DR. SO 202  
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KRIEGER, HERBERT  
STREET ADDRESS 5257 FOUNTAIN DR. S. 705  
CITY-ST-ZIP LAKE WORTH FL

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HULNICK, GEORGE  
STREET ADDRESS 5257 FOUNTAIN DR SO 501  
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME KARP, FRANCES  
STREET ADDRESS 5257 FOUNTAINS DR APT 701  
CITY-ST-ZIP LAKE WORTH FL

TITLE SD ☐ Change ☒ Addition  
NAME LAZARUS, RALPH  
STREET ADDRESS 5257 FOUNTAINS DR. SO., APT. 301  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME SELD, MARGARET  
STREET ADDRESS 5257 FOUNTAINS DR S APT 702  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

*Herbert Krieger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

561 964-3600

Daytime Phone #

CR2E037 (9/99)