2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # N05280 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name FOUNTAINS SOUTH CONDOMINIUM ASSOCIATION NO. 2, I 04-26-2000 90188 041 ****61.25 Principal Place of Business Mailing Address **4615 FOUNTAINS DR** 4615 FOUNTAINS DR LAKE WORTH FL 33467-4155 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. City & State 4. fEl Number Applied For City & State 59-2472738 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) POULETTE, DEBBIE 4615 FOUNTAINS DR LAKE WORTH FL 33467 Zip Code City 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. 信等 经压证 120年就到1961年12日 120日日 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE Change TITLE HOLTZER, BERNARD NAME STREET ADDRESS STREET ADDRESS 5326 FOUNTAIN DR S. CITY-ST-ZIP CITY-ST-ZIF LAKE WORTH FL TITLE VD ☐ Delete ☐ Change ☐ Addition NAME DRAKE, STANLEY NAME STREET ADDRESS STREET ADDRESS 5296 FOUNTAIN DR. S. CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH.FL--TD TITLE ☐ Change ☐ Addition ☐ Delete TITLE SCHWARTZ, LEON NAME NAME STREET ADDRESS STREET ADDRESS 5332 FOUNTAIN DR. S. CITY-ST-ZIP CITY-ST-7P LAKE WORTH FL Change ☐ Addition TITLE ☐ Delete HOLTZER, HARRIET NAME NAME STREET ADDRESS STREET ADDRESS 5326 FOUNTAIN DR. S. CITY-ST-ZIP CITY-ST-7IP LAKE WORTH FL ☐ Change Addition TITLE ☐ Delete TITLE ZINN, MORTON NAME NAME STREET ADDRESS STREET ADDRESS 5300 FOUNTAINS DR SO CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE CHERESKIN, FRANK NAME NAME STREET ADDRESS STREET ADDRESS 5298 FOUNTAIN DRIVE S. CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 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 ecciver 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 attaching it with an address, with all other like impowered.

4-19-7000 S61 964-3600