

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90006 040 ****61.25

DOCUMENT # N10263 1. Entity Name FOUNTAINS SOUTH CONDOMINIUM NO. 3A ASSOCIATION, INC.	
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00011433

Principal Place of Business 4615 FOUNTAINS DRIVE STE B LAKE WORTH, FL 33467 US	Mailing Address 4615 FOUNTAINS DRIVE STE B LAKE WORTH, FL 33467 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2519216	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent POULETTE, DEBBIE 4615 S. FOUNTAIN DR. STE B LAKE WORTH, FL 33467	
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7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHEINER, HERBERT 5257 FOUNTAINS DR S APT 702 LAKE WORTH, FL 33467 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IVLER, ALVIN 5257 FOUNTAIN DR. SO 202 LAKE WORTH, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KRIEGER, HERBERT 5257 FOUNTAIN DR. S. 705 LAKE WORTH, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULNICK, GEORGE 5257 FOUNTAIN DR SO 501 LAKE WORTH, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZARUS, RALPH 5257 FOUNTAINS DR APT 701 LAKE WORTH, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Schein, Herbert Apt. 305 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date Daytime Phone #