

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90012 003 ****61.25

DOCUMENT # N10263

1. Entity Name

FOUNTAINS SOUTH CONDOMINIUM NO. 3A
ASSOCIATION, INC.



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

40013000



DO NOT WRITE IN THIS SPACE

01072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2519216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD
NAME SCHEINER, HERBERT
STREET ADDRESS 5257 FOUNTAINS DR. S APT 305
CITY-ST-ZIP LAKE WORTH, FL 33467

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

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

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

TITLE D
NAME LAZARUS, RALPH
STREET ADDRESS 5257 FOUNTAINS DR APT 701
CITY-ST-ZIP LAKE WORTH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08 561-964-3600
Date Daytime Phone #