


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-07-2008 90012 005 ****61.25

DOCUMENT # N17558	
1. Entity Name FOUNTAINS SOUTH CONDOMINIUM NO. 3C ASSOCIATION, INC.	

Principal Place of Business 4615 FOUNTAINS DR STE B LAKE WORTH, FL 33467 US	Mailing Address 4615 FOUNTAINS DR STE B LAKE WORTH, FL 33467 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40013566



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2726367	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POULETTE, DEBBIE 4615 FOUNTAINS DR STE B 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. 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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER, STANLEY	NAME	VD Gilmore, Dr Lewis #405
STREET ADDRESS	5301 FOUNTAINS DR. S. APT. 402	STREET ADDRESS	5301 Fountains Dr S #405
CITY - ST - ZIP	LAKE WORTH, FL 33467	CITY - ST - ZIP	LAKE WORTH, FL 33467
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUTZIN, MILTON	NAME	
STREET ADDRESS	5301 FOUNTAINS DR S #405	STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH, FL	CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHFARB, SEYMOUR	NAME	
STREET ADDRESS	5301 FOUNTAIN DRIVE, S. #505	STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH, FL	CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUTZIN, RUTH	NAME	
STREET ADDRESS	5301 FOUNTAINS DR. SO. #405	STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH, FL 33467	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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:

Melton Keeton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/08 561-964-3600