

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18187

FILED
Feb 23, 2009
Secretary of State

Entity Name: FOUNTAINS SOUTH ATRIUM HOMES ASSOCIATION, INC.

Current Principal Place of Business:

4615 B FOUNTAINS DR
LAKE WORTH, FL 33467 US

New Principal Place of Business:

4615 FOUNTAINS DR
SUITE B
LAKE WORTH, FL 334674133 US

Current Mailing Address:

4615 B FOUNTAINS DR
LAKE WORTH, FL 33467 US

New Mailing Address:

4615 FOUNTAINS DR
SUITE B
LAKE WORTH, FL 334674133 US

FEI Number: 59-2726552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POULETTE, DEBBIE
4615 B FOUNTAINS DR
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

POULETTE, DEBBIE
4615 FOUNTAINS DR
SUITE B
LAKE WORTH, FL 334674133 US

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: _____

02/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: AMSTEL, BOB
Address: 6752 PALERMO WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Delete
Name: HOLTZ, BEVERLY
Address: 6638 FOUNTAINS CIR
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Delete
Name: KRESGE, DAVID
Address: 6614 FOUNTAINS CIR
City-St-Zip: LAKE WORTH, FL 33467

Title: PD () Delete
Name: LEVINE, SHELDON
Address: 6756 PALERMO WAY
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BOB AMSTEL,
Address: 6752 PALERMO WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: SD (X) Change () Addition
Name: BEVERLY HOLTZ,
Address: 6638 FOUNTAINS CIR
City-St-Zip: LAKE WORTH, FL 33467

Title: TD (X) Change () Addition
Name: DAVID KRESGE,
Address: 6614 FOUNTAINS CIR
City-St-Zip: LAKE WORTH, FL 33467

Title: PD (X) Change () Addition
Name: SHELDON LEVINE,
Address: 6756 PALERMO WAY
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELDON LEVINE

PRES

02/23/2009

Electronic Signature of Signing Officer or Director

Date