

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 21, 2009
Secretary of State**

DOCUMENT# 768023

Entity Name: FOUNTAINS SOUTH PROPERTY OWNERS ASSOCIATION,INC.

Current Principal Place of Business:

4615 FOUNTAINS DR
STE B
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

4615 FOUNTAINS DR
STE B
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 59-2340750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KANTROWITZ, WALTER
Address: 5502 FOUNTAINS DRIVE SO.
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Delete
Name: SOLOMAN, BARRY
Address: 5482 SAN MARINO WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Delete
Name: WISHNOFF, STANLEY
Address: 6816 PARISIAN WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: PD () Delete
Name: BILKIS, SONNY
Address: 6701 PALERMO WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: VD () Delete
Name: KAUFMAN, DAVID
Address: 6959 FOUNTAINS CIR.
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: KRIEGER, HERBERT
Address: 5257 FOUNTAINS DR SO #705
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SONNY BILKIS

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date