

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18187

FILED  
Mar 26, 2012  
Secretary of State

**Entity Name:** FOUNTAINS SOUTH ATRIUM HOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

4615 FOUNTAINS DR  
SUITE B  
LAKE WORTH, FL 334674133 US

**New Principal Place of Business:**

**Current Mailing Address:**

4615 FOUNTAINS DR  
SUITE B  
LAKE WORTH, FL 334674133 US

**New Mailing Address:**

**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 FOUNTAINS DR  
SUITE B  
LAKE WORTH, FL 334674133 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: DS  
Name: FINBERG, EDWARD  
Address: 6700 PALERMO WAY  
City-St-Zip: LAKE WORTH, FL 33467

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

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

Title: DV  
Name: DAVID, STANLEY  
Address: 6602 FOUNTAINS CR  
City-St-Zip: LAKE WORTH, FL 33467

I hereby 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 all other like empowered.

SIGNATURE: SHELDON LEVINE

P

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date