

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768023

**FILED**  
**Apr 09, 2019**  
**Secretary of State**  
**9274865188CC**

**Entity Name:** FOUNTAINS SOUTH PROPERTY OWNERS ASSOCIATION,INC.

**Current Principal Place of Business:**

4615 FOUNTAINS DR  
STE B  
LAKE WORTH, FL 33467

**Current Mailing Address:**

4615 FOUNTAINS DR  
STE B  
LAKE WORTH, FL 33467 US

**FEI Number: 59-2340750**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name TONETTI, LAWRENCE  
Address 6967 FOUNTAINS CIRCLE  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name SCHACHTER, JERRY  
Address 5466 SAN MARINO WAY  
City-State-Zip: LAKE WORTH FL 33467

Title PRESIDENT, DIRECTOR  
Name RASCOVAR, LEE  
Address 6848 PARISIAN WAY  
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR, VP  
Name SALTZMAN, WILLIAM  
Address 5461 FOUNTAINS DRIVE SO.  
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY, DIRECTOR  
Name GELLER, BEN  
Address 5406 FOUNTAINS DRIVE S.  
City-State-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: LEE RASCOVAR**

**PRESIDENT**

**04/09/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date