## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 769987** 

Entity Name: FOUNTAINS SOUTH CONDOMINIUM ASSOCIATION NO. 1, INC.

FILED Apr 09, 2019 Secretary of State 2831435368CC

## **Current Principal Place of Business:**

4615 FOUNTAINS DRIVE

SUITE B

LAKE WORTH, FL 33467-4133

# **Current Mailing Address:**

**4615 FOUNTAINS DRIVE** 

SUITE B

LAKE WORTH, FL 33467-4133 US

FEI Number: 59-2319078 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

POULETTE, DEBBIE 4615 FOUNTAINS DRIVE SUITE B

LAKE WORTH, FL 33467-4133 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: DEBBIE POULETTE 04/09/2019

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title TD Title D

Name RABINOWITZ, ALAN Name COLACINO, GLORIA

Address 5202 FOUNTAINS DR SOUTH Address 5154 FOUNTAINS DRIVE SOUTH

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY, DIRECTOR Title DIRECTOR, PRESIDENT

Name TANNENBAUM, LOIS Name FALCONE, LAURA

Address 5168 FOUNTAINS DR SO Address 5218 FOUNTAINS DRIVE SOUTH

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR, VP

Name KLAUBER, RICHARD

Address 5194 FOUNTAINS DRIVE SOUTH

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: LAURA FALCONE

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/09/2019