

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769987

Entity Name: FOUNTAINS SOUTH CONDOMINIUM ASSOCIATION NO. 1, INC.**FILED**
Mar 13, 2020
Secretary of State
5258726096CC**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

03/13/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TD
Name	RABINOWITZ, ALAN
Address	5202 FOUNTAINS DR SOUTH
City-State-Zip:	LAKE WORTH FL 33467

Title	D
Name	COLACINO, GLORIA
Address	5154 FOUNTAINS DRIVE SOUTH
City-State-Zip:	LAKE WORTH FL 33467

Title	SECRETARY, DIRECTOR
Name	TANNENBAUM, LOIS
Address	5168 FOUNTAINS DR SO
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR, PRESIDENT
Name	FALCONE, LAURA
Address	5218 FOUNTAINS DRIVE SOUTH
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**PRESIDENT**

03/13/2020

Electronic Signature of Signing Officer/Director Detail

Date