

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769987

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

**FILED**  
**Apr 05, 2016**  
**Secretary of State**  
**CC1372138633**

**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**

**04/05/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TD, SECRETARY  
Name SOLLENBERGER, MARK  
Address 5142 FOUNTAINS DR SOUTH  
City-State-Zip: LAKE WORTH FL 33467

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

Title PD  
Name GROVES, KENNETH  
Address 5176 FOUNTAINS DR SO  
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR  
Name FOGEL, JEFFREY  
Address 5206 FOUNTAINS DRIVE SOUTH  
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR  
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: KENNETH GROVES**

**PRESIDENT**

**04/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date