

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770526

Entity Name: FOUNTAINS SOUTH VILLAS 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:** 59-2340332**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	TD
Name	HARRIS, RONALD
Address	6805 FOUNTAINS CIRCLE
City-State-Zip:	LAKE WORTH FL 33467

Title	SD
Name	LEVETOWN, ROBERTA
Address	6809 FOUNTAINS CIRCLE
City-State-Zip:	LAKE WORTH FL 33467

Title	D
Name	LEONARD, JACK
Address	6983 FOUNTAINS CIRCLE
City-State-Zip:	LAKE WORTH FL 33467

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

Title	DIRECTOR
Name	ROSENTHAL, JOEL
Address	6849 FOUNTAINS CIRCLE
City-State-Zip:	LAKE WORTH FL 33467

Title	D
Name	HURWITZ, DIANE
Address	6902 FOUNTAINS CIRCLE
City-State-Zip:	LAKE WORTH FL 33467

Title	D, PRESIDENT
Name	HOROWITZ, BARRY
Address	6981 FOUNTAINS CIRCLE
City-State-Zip:	LAKE WORTH FL 33467

Title	D, VP
Name	GREENBERG, GRACE
Address	6855 FOUNTAINS CIRCLE
City-State-Zip:	LAKE WORTH FL 33467

Continues on page 2

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: BARRY HOROWITZ

PRESIDENT

03/13/2020

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MENSCHER, IVAN
Address 6901 FOUNTAINS CIRCLE
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name SOLOMON, ANDY
Address 6882 FOUNTAINS CIRCLE
City-State-Zip: LAKE WORTH FL 33467