

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05280

**Entity Name:** FOUNTAINS SOUTH CONDOMINIUM ASSOCIATION NO. 2, 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:** 59-2472738

**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 PTD  
Name SCHWARTZ, LEONORE  
Address 5332 FOUNTAINS DR. S.  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name ROSENSHEIN, BERNICE  
Address 5282 FOUNTAINS DR S.  
City-State-Zip: LAKE WORTH FL 33467

Title VPD  
Name KAMINSKI, MILTON  
Address 5280 FOUNTAINS DR SO  
City-State-Zip: LAKE WORTH FL 33467

Title SD  
Name POLLACK, GLADYS  
Address 5338 FOUNTAINS DR SO  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name MINTZ, JULIUS  
Address 5320 FOUNTAINS DR SO  
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:** LEONORE SCHWARTZ

**PRESIDENT**

**02/25/2015**

Electronic Signature of Signing Officer/Director Detail

Date