

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09923

Entity Name: FOUNTAINS SOUTH NO. 3 VILLAGE ASSOCIATION, INC.**Current Principal Place of Business:**4615 FOUNTAINS DR
SUITE B
LAKE WORTH, FL 33467**Current Mailing Address:**4615 FOUNTAINS DR
SUITE B
LAKE WORTH, FL 33467 US**FEI Number:** 59-2519203**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POULETTE, DEBBIE
4615 FOUNTAINS DR
SUITE 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	TSD
Name	SIEGEL, GEORGE
Address	5279 FOUNTAINS DR SO, APT #604
City-State-Zip:	LAKE WORTH FL 33467

Title	VPD
Name	TEITEL, TED
Address	5279 FOUNTAINS DR SO, APT. #601
City-State-Zip:	LAKE WORTH FL 33467

Title	D
Name	SCHEINER, HERBERT
Address	5257 FOUNTAINS DR S #305
City-State-Zip:	LAKE WORTH FL 33467

Title	D
Name	TEICH, LYNNE
Address	5301 FOUNTAINS DR S #701
City-State-Zip:	LAKE WORTH FL 33467

Title	PD
Name	ZUCKERMAN, MARTIN
Address	5257 FOUNTAINS DR SO, APT. #405
City-State-Zip:	LAKE WORTH FL 33467

Title	D
Name	HARITON, IRA
Address	5257 FOUNTAINS DR SO #304
City-State-Zip:	LAKE WORTH FL 33467

Title	D
Name	SHECHTMAN, ARTHUR
Address	5279 FOUNTAINS DR S #605
City-State-Zip:	LAKE WORTH FL 33467

Title	D
Name	BERMAN, NEIL
Address	5301 FOUNTAINS DR S #501
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: MARTIN ZUCKERMAN**PRESIDENT****02/17/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date