

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18187

**Entity Name:** FOUNTAINS SOUTH ATRIUM HOMES ASSOCIATION, INC.

**FILED**  
**Jan 23, 2013**  
**Secretary of State**  
**CC7045288527**

**Current Principal Place of Business:**

4615 FOUNTAINS DR  
SUITE B  
LAKE WORTH, FL 33467-4133

**Current Mailing Address:**

4615 FOUNTAINS DR  
SUITE B  
LAKE WORTH, FL 33467-4133 US

**FEI Number: 59-2726552**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

POULETTE, DEBBIE  
4615 FOUNTAINS DR  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DS  
Name FINBERG, EDWARD  
Address 6700 PALERMO WAY  
City-State-Zip: LAKE WORTH FL 33467

Title TD  
Name DAVID KRESGE  
Address 6614 FOUNTAINS CIR  
City-State-Zip: LAKE WORTH FL 33467

Title PD  
Name SHELDON LEVINE  
Address 6756 PALERMO WAY  
City-State-Zip: LAKE WORTH FL 33467

Title DV  
Name DAVID, STANLEY  
Address 6602 FOUNTAINS CR  
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: SHELDON LEVINE**

**PRESIDENT**

**01/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date