

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18187

Entity Name: FOUNTAINS SOUTH ATRIUM HOMES ASSOCIATION, INC.

FILED
Apr 09, 2018
Secretary of State
CC7068797682

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 D
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 VPD
Name DAVID, STANLEY
Address 6602 FOUNTAINS CR
City-State-Zip: LAKE WORTH FL 33467

Title D
Name RICHARDS, SCOTT
Address 6760 PALERMO WAY
City-State-Zip: LAKE WORTH FL 33467

Title SD
Name AVIN, DR. BRIAN
Address 6732 PALERMO WAY
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name SALADINO, TOM
Address 6674 FOUNTAINS CIRCLE
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name ROBBINS, MARTY
Address 6744 PALERMO WAY
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: SHELDON LEVINE

PRESIDENT

04/09/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name AMSTEL, ROBERT
Address 6752 PALERMO WAY
City-State-Zip: LAKE WORTH FL 33467