

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18187

Entity Name: FOUNTAINS SOUTH ATRIUM HOMES ASSOCIATION, INC.

FILED
Feb 10, 2020
Secretary of State
4963553546CC

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 TREASURER, D
Name DOWD, JOHN
Address 6707 PALERMO WAY
City-State-Zip: LAKE WORTH FL 33467

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

Title D
Name FORMAN, PHIL
Address 6781 PALERMO WAY
City-State-Zip: LAKE WORTH FL 33467

Title D, PRESIDENT
Name LIPP, ROBERT
Address 6693 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, VP
Name VOGEL, BARBARA
Address 6697 PALERMO WAY
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name JORDAN, STEVE
Address 6717 PALERMO WAY
City-State-Zip: LAKE WORTH FL 33467

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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: ROBERT LIPP

PRESIDENT

02/10/2020

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