

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18187

Entity Name: FOUNTAINS SOUTH ATRIUM HOMES ASSOCIATION, INC.**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	CIBLEY, ALBERT
Address	6713 PALERMO WAY
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

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****04/05/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date