2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2017
Secretary of State
CC1165706309

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	PD
Name	SHELDON LEVINE
Address	6756 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	DIRECTOR
Name	SALADINO, TOM
Address	6674 FOUNTAINS CIRCLE
City-State-Zip:	LAKE WORTH FL 33467

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

Title	VPD
Name	DAVID, STANLEY
Address	6602 FOUNTAINS CR
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	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 04/12/2017

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