

**2020 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	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

**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: 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