

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90177 047 \*\*\*150.00

**DOCUMENT # 240595**

1. Entity Name  
**FOUNTAIN HOUSE SOUTH INC**



Principal Place of Business  
**1877 S OCEAN BLVD  
DELRAY BEACH, FL 33483-6544**

Mailing Address  
**551 SE 8TH ST  
SUITE 500  
DELRAY BEACH, FL 33483-5008 US**

**60033128**



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-0969132**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CLARK, HERMAN E.  
551 SE 8TH STREET  
SUITE 500  
DELRAY BEACH, FL 33483**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	CULLEN, CAROL
STREET ADDRESS	1877 S OCEAN BLVD, APT D
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	VP
NAME	MAHONY, BRIAN
STREET ADDRESS	1877 S. OCEAN BLVD.
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	P
NAME	DMITROVSKY, SETH
STREET ADDRESS	1877 SOUTH OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	T
NAME	RALEY, LOUIS
STREET ADDRESS	1877 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	D
NAME	WISWELL, JIM
STREET ADDRESS	1877 S. OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH, FL

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:**

*Seth DMITROVSKY* **SETH DMITROVSKY**

*April 28, 2008* **April 28, 2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #