FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768023 (4)

1. Corporation Name
FOUNTAINS SOUTH PROPERTY OWNERS ASSOCIATION,INC.

Principal Place of Business	Mailing Address
4615 S. FOUNTAINS DR LAKE WORTH FL 33467 US	4615 S. FOUNTAINS DR LAKE WORTH FL 33467 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2340750 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

POULETTE, DEBBIE
4615 S. FOUNTAINS DR.
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	VD	☒ Change ☐ Addition
NAME	BACALMAN, MORRIS	12 NAME	ZINN, MORTON	
STREET ADDRESS	5279 FOUNTAIN DR SO #203	13 STREET ADDRESS	5300 FOUNTAINS DRIVE SO.	
CITY-ST-ZIP	LAKE WORTH FL	14 CITY-ST-ZIP	LAKE WORTH, FL	
TITLE	VD	21 TITLE	VTD	☒ Change ☐ Addition
NAME	NOVICK, HY	22 NAME	SIEGEL, HARRY	
STREET ADDRESS	6983 FOUNTAINS CIR	23 STREET ADDRESS	6967 FOUNTAINS CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	24 CITY-ST-ZIP	LAKE WORTH, FL	
TITLE	TSD	31 TITLE	PD	☒ Change ☐ Addition
NAME	SELD, HOWARD	32 NAME		
STREET ADDRESS	5257 FOUNTAINS DR S	33 STREET ADDRESS	5257 FOUNTAINS DR. SO. #702	
CITY-ST-ZIP	LAKE WORTH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	SD	☒ Change ☐ Addition
NAME	LEVINE, NATHAN	42 NAME	HESSELL, ELAINE	
STREET ADDRESS	5514 SAN MARINO WAY	43 STREET ADDRESS	6886 FOUNTAINS CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	44 CITY-ST-ZIP	LAKE WORTH, FL	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	DRAKE, STANLEY	52 NAME	NURIK, STANLEY	
STREET ADDRESS	5296 FOUNTAIN DR S	53 STREET ADDRESS	5502 SAN MARINO WAY	
CITY-ST-ZIP	LAKE WORTH FL	54 CITY-ST-ZIP	LAKE WORTH, FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard Seld 4/26/95 (407) 964-3600
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone #)
Howard P. Seld

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