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May 01 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 770526 (2)

1. Corporation Name

FOUNTAINS SOUTH VILLAS ASSOCIATION, INC.

Principal Place of Business

4615 FOUNTAINS DR  
LAKE WORTH FL 33467  
US

Mailing Address

4615 FOUNTAINS DR  
LAKE WORTH FL 33467-4155  
US



3. Date Incorporated or Qualified  
09/30/1983

3a. Date of Last Report  
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-2340332

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POULETTE, DEBBIE  
4615 FOUNTAINS DR  
LAKE WORTH FL 33467

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS SIEGEL, HARRY  
CITY-ST-ZIP 6967 FOUNTAINS CIRCLE  
LAKE WORTH FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS GLASSER, JEANNE  
CITY-ST-ZIP 6849 FOUNTAINS CIRCLE  
LAKE WORTH FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS KAUFMAN, DAVID  
CITY-ST-ZIP 6959 FOUNTAINS CIRCLE  
LAKE WORTH FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME PD  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS RAUCHMAN, ALFRED  
CITY-ST-ZIP 6933 FOUNTAINS CIRCLE  
LAKE WORTH FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME VD  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS HESSELL ELAINE  
CITY-ST-ZIP 6886 FOUNTAINS CIRCLE  
LAKE WORTH FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS FRIEDLAND, LEO  
CITY-ST-ZIP 6803 FOUNTAINS CIRCLE  
LAKE WORTH FL

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME D  
6.3 STREET ADDRESS HEADERT PLATZNER  
6.4 CITY-ST-ZIP 6949 FOUNTAINS CIRCLE  
LAKE WORTH, FL 33467

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97

561-964-3600

Daytime Phone # 0044002

CR2E037 (9/96)