

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90115 003 ****61.25

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DOCUMENT # 770526

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
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/30/1983

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

9. Name and Address of Current Registered Agent

POULETTE, DEBBIE
4615 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 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 ☐ DELETE

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

TITLE VD ☒ DELETE

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

TITLE PD ☐ DELETE

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

TITLE VD ☐ DELETE

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

TITLE SD ☐ DELETE

NAME HESSELL ELAINE
STREET ADDRESS 6886 FOUNTAINS CIRCLE
CITY-ST-ZIP LAKE WORTH FL

TITLE TD ☐ DELETE

NAME HARE, LESLIE
STREET ADDRESS 6819 FOUNTAINS CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33467

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD
ARNOLD GLATTER
6888 FOUNTAINS DR
LAKE WORTH, FL 33467

VD

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

561-964-3600

Date

Daytime Phone #

CR2E037 (1/98)