2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# 770526

Entity Name: FOUNTAINS SOUTH VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

4615 FOUNTAINS DR
STE B
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

4615 FOUNTAINS DR
STE B
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 59-2340332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POULETTE, DEBBIE
4615 FOUNTAINS DR
STE B
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STRAUSS, WALTER
Address: 6947 FOUNTAINS CIR
City-St-Zip: LAKE WORTH, FL 33467

Title: P ( ) Delete
Name: ORLUFF, IRVING
Address: 6858 FOUNTAINS CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: TD ( ) Delete
Name: KAUFMAN, DAVID
Address: 6861 FOUNTAINS CIR.
City-St-Zip: LAKE WORTH, FL 33467

Title: SD ( ) Delete
Name: HESSELL ELAINE,
Address: 6886 FOUNTAINS CIRCLE
City-St-Zip: LAKE WORTH, FL

Title: VD ( ) Delete
Name: CARLIN, STEPHEN
Address: 6809 FOUNTAINS CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: PD (X) Delete
Name: GLATTER, ARNOLD
Address: 3888 FOUNTAINS CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: GLATTER, ARNOLD
Address: 6888 FOUNTAINS CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: TD (X) Change ( ) Addition
Name: KAUFMAN, DAVID
Address: 6959 FOUNTAINS CIR.
City-St-Zip: LAKE WORTH, FL 33467

Title: SD (X) Change ( ) Addition
Name: HESSELL, ELAINE
Address: 6886 FOUNTAINS CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARNOLD GLATTER PRES 01/16/2009

Electronic Signature of Signing Officer or Director — Date