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 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05280** **(5)**

1. Corporation Name

FOUNTAINS SOUTH CONDOMINIUM ASSOCIATION NO. 2, I NC.

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: **09/21/1984**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2472738** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POULETTE, DEBBIE
4615 S. FOUNTAIN DRIVE
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	☐ Change ☐ Addition
NAME	HOLTZER, BERNARD	12 NAME	
STREET ADDRESS	5326 FOUNTAIN DR S.	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	DRAKE, STANLEY	22 NAME	
STREET ADDRESS	5296 FOUNTAIN DR. S.	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, LEON	32 NAME	
STREET ADDRESS	5332 FOUNTAIN DR. S.	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	HOLTZER, HARRIET	42 NAME	
STREET ADDRESS	5326 FOUNTAIN DR. S.	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TOFF, HERBERT	52 NAME	
STREET ADDRESS	5322 FOUNTAIN DRIVE S	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	CHERESKI, FRANK	62 NAME	CHERESKIN, FRANK
STREET ADDRESS	5298 FOUNTAIN DRIVE S.	63 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	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: Bernard Holtzer 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

Bernard Holtzer (407) 964-3600
Typed or Printed Name of Individual — Daytime Phone Number

0012654

N05280

FOUNTAINS SOUTH CONDOMINIUM ASSOCIATION NO. 2, INC.

ADDITIONAL OFFICERS AND DIRECTORS

TITLE	D
NAME	ZINN, MORTON
STREET ADDRESS	5300 FOUNTAINS DRIVE SOUTH
CITY-ST-ZIP	LAKE WORTH, FL

TITLE	D
NAME	LEVINE, ABRAHAM
STREET ADDRESS	5333 FOUNTAINS DRIVE SOUTH
CITY-ST-ZIP	LAKE WORTH, FL