FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

2. Principal Place of Business 21 4615 FOUNTAINS DR.	2a. Mailing Address 26 4615 FOUNTAINS DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 09/21/1984	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2472738	☐ 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

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) 4615 FOUNTAINS DR.

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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOLTZER, BERNARD		1.2 NAME		
STREET ADDRESS	5326 FOUNTAIN DR S.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DRAKE, STANLEY		2.2 NAME		
STREET ADDRESS	5296 FOUNTAIN DR. S.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, LEON		3.2 NAME		
STREET ADDRESS	5332 FOUNTAIN DR. S.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLTZER, HARRIET		4.2 NAME		
STREET ADDRESS	5326 FOUNTAIN DR. S.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TOFF, HERBERT		5.2 NAME		
STREET ADDRESS	5322 FOUNTAIN DRIVE S		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CHERESKIN, FRANK		6.2 NAME		
STREET ADDRESS	5298 FOUNTAIN DRIVE S.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		6.4 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)(k), 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 Bernard Holtzer 4/2/96 (407) 964-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)