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May 08 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 # N05280 (5)

1. Corporation Name

FOUNTAINS SOUTH CONDOMINIUM ASSOCIATION NO. 2, I  
NC.



Principal Place of Business

Mailing Address

4615 FOUNTAINS DR  
LAKE WORTH FL 33467  
US

4615 FOUNTAINS DR  
LAKE WORTH FL 33467-4155  
US

3. Date Incorporated or Qualified  
09/21/1984

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

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-2472738

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

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

24 25 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 PD  
NAME HOLTZER, BERNARD  
STREET ADDRESS 5326 FOUNTAIN DR S.  
CITY-ST-ZIP LAKE WORTH FL

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

TITLE VD  
NAME DRAKE, STANLEY  
STREET ADDRESS 5296 FOUNTAIN DR. S.  
CITY-ST-ZIP LAKE WORTH FL

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

TITLE TD  
NAME SCHWARTZ, LEON  
STREET ADDRESS 5332 FOUNTAIN DR. S.  
CITY-ST-ZIP LAKE WORTH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S  
NAME HOLTZER, HARRIET  
STREET ADDRESS 5326 FOUNTAIN DR. S.  
CITY-ST-ZIP LAKE WORTH FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME TOFF, HERBERT  
STREET ADDRESS 5322 FOUNTAIN DRIVE S  
CITY-ST-ZIP LAKE WORTH FL

5.1 TITLE VD  
5.2 NAME MORTON ZINN  
5.3 STREET ADDRESS 5300 FOUNTAINS DR. SO.  
5.4 CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE D  
NAME CHERESKIN, FRANK  
STREET ADDRESS 5298 FOUNTAIN DRIVE S.  
CITY-ST-ZIP LAKE WORTH FL

6.1 TITLE VD  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

Date

561-964-3600

Daytime Phone # 0043995

CR2E037 (9/96)