

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 002 ****61.25

DOCUMENT # N05280

1. Corporation Name

**FOUNTAINS SOUTH CONDOMINIUM ASSOCIATION NO. 2, I
NC.**

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

09/21/1984

4. FEI Number

59-2472738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

VD
NAME ZINN, MORTON
STREET ADDRESS 5300 FOUNTAINS DR SO
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ DELETE

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 361-964-3600

Date

Daytime Phone #

CR2E03Z (11/98)