2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N05280

CITY-ST-ZIP

SIGNATURE!

FOUNTAINS SOUTH CONDOMINIUM ASSOCIATION NO.



FILED

Jan 31, 2007 8:00 am Secretary of State

01-31-2007 90039 025 ****61.25

Daytime Phone #

INC. 40007152 Principal Place of Business Mailing Address 4615 FOUNTAINS DR 4615 FOUNTAINS DR STE B STE B LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2472738 City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POULETTE, DEBBIE Street Address (P.O. Box Number is Not Acceptable) 4615 FOUNTAINS DR STE B LAKE WORTH, FL 33467 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Florida Department of State Due by May 1, 2007 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition TITLE ☐ Delete TITLE HOLTZER, BERNARD NAME NAME 5326 FOUNTAIN DR S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL CITY-ST-ZIP VD TITLE Delete TITLE ☐ Change ☐ Addition DRAKE, STANLEY NAME NAME STREET ADDRESS 5296 FOUNTAIN DR. S. STREET ADDRESS LAKE WORTH, FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE SD Change ☐ Addition NAME HOLTZER, HARRIET NAME Holtzer, Harriet 5324 Fountains Drive South Lake Worth, FL 33467 STREET ADDRESS 5326 FOUNTAIN DR. S. STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ZINN, MORTON NAME 5300 FOUNTAINS DR SO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL CITY-ST-ZIP Addition TITLE ☐ Delete TITLE TO ☐ Change Schwartz, Leonore 6332 Fountains Drive South NAME NAME STREET ADDRESS STREET ADDRESS Late Worth, FL 33467 CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the eccepts or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF