

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90012 049 ****61.25

DOCUMENT # N05280

1. Entity Name
FOUNTAINS SOUTH CONDOMINIUM ASSOCIATION NO.
2, INC.



Principal Place of Business

4615 FOUNTAINS DR
STE B
LAKE WORTH, FL 33467 US

Mailing Address

4615 FOUNTAINS DR
STE B
LAKE WORTH, FL 33467 US

400100



DO NOT WRITE IN THIS SPACE

01072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2472738

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POULETTE, DEBBIE
4615 FOUNTAINS DR
STE B
LAKE WORTH, FL 33467

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IN THIS SPACE**

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
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE TD
NAME SCHWARTZ, LEONORE
STREET ADDRESS 5332 FOUNTAINS DR. S.
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE SD
NAME HOLTZER, HARRIET
STREET ADDRESS 5326 FOUNTAIN DR. S.
CITY-ST-ZIP LAKE WORTH, FL 33467

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 receiver 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-08

561-964-3600