

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05280

FILED  
Feb 12, 2010  
Secretary of State

**Entity Name:** FOUNTAINS SOUTH CONDOMINIUM ASSOCIATION NO. 2, INC.

**Current Principal Place of Business:**

4615 FOUNTAINS DR  
STE B  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

**Current Mailing Address:**

4615 FOUNTAINS DR  
STE B  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

**FEI Number:** 59-2472738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE: DEBBIE POULETTE

02/12/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HOLTZER, BERNARD  
Address: 5326 FOUNTAIN DR S.  
City-St-Zip: LAKE WORTH, FL 33467

Title: TD  
Name: SCHWARTZ, LEONORE  
Address: 5332 FOUNTAINS DR. S.  
City-St-Zip: LAKE WORTH, FL 33467

Title: S  
Name: HOLTZER, HARRIET  
Address: 5326 FOUNTAIN DR. S.  
City-St-Zip: LAKE WORTH, FL 33467

Title: VD  
Name: LEVINE, ABRAHAM  
Address: 5300 FOUNTAINS DR SO  
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBBIE POULETTE

MGR

02/12/2010

Electronic Signature of Signing Officer or Director

Date