

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N09923** (6)
1. Corporation Name
FOUNTAINS SOUTH NO. 3 VILLAGE ASSOCIATION, INC.



Principal Place of Business Mailing Address
4615 S. FOUNTAIN DRIVE **4615 S. FOUNTAIN DRIVE**
LAKE WORTH FL 33467-5065 **LAKE WORTH FL 33467-5065**

2. Principal Place of Business 21 4615 FOUNTAINS DR.		2a. Mailing Address 26 4615 FOUNTAINS DR.		3. Date Incorporated or Qualified 06/24/1985		3a. Date of Last Report 05/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2519203		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent POULETTE, DEBBIE 4615 S. FOUNTAINS DRIVE LAKE WORTH FL 33467				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 4615 FOUNTAINS DR.			
83				84 City			
				85 Zip Code FL			

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	VD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMOND, DAVID		1.2 NAME				
STREET ADDRESS	5301 FOUNTAINS DR, SOUTH, #502		1.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELD, HOWARD		2.2 NAME	BACALMAN, MORRIS			
STREET ADDRESS	5257 FOUNTAINS DR S #702		2.3 STREET ADDRESS	5279 FOUNTAINS DR. SO. # 203			
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467			
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIEGER, HERBERT		3.2 NAME				
STREET ADDRESS	5257 FOUNTAINS DR S #705		3.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	TSD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUTZIN, MILTON		4.2 NAME				
STREET ADDRESS	5301 FOUNTAINS DR. SO. #405		4.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, NATHAN		5.2 NAME				
STREET ADDRESS	5279 FOUNTAIN DR., S. #205		5.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUGARMAN, EUGENE		6.2 NAME	ROTHFARB, SEYMOUR			
STREET ADDRESS	5257 FOUNTAINS DR. SO. #604		6.3 STREET ADDRESS	5301 FOUNTAINS DR. SO. #505			
CITY-ST-ZIP	LAKE WORTH FL		6.4 CITY-ST-ZIP	LAKE WORTH, FL 33467			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Date

Daytime Phone #

Herbert Krieger **Herbert Krieger** **4/14/96** **(407)964-3600**

CR2E037 (12/95)