

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17558

FILED
Jan 16, 2009
Secretary of State

Entity Name: FOUNTAINS SOUTH CONDOMINIUM NO. 3C ASSOCIATION, 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: 59-2726367

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:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GILMORE, DR. LEWIS
Address: 5301 FOUNTAINS DRIVE SUITE 605
City-St-Zip: LAKE WORTH, FL 33467

Title: PTD () Delete
Name: KUTZIN, MILTON,
Address: 5301 FOUNTAINS DR S #405
City-St-Zip: LAKE WORTH, FL

Title: VD () Delete
Name: ROTHFARB, SEYMOUR
Address: 5301 FOUNTAIN DRIVE, S. #505
City-St-Zip: LAKE WORTH, FL

Title: S () Delete
Name: KUTZIN, RUTH
Address: 5301 FOUNTAINS DR. SO. #405
City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GILMORE, DR. LEWIS
Address: 5301 FOUNTAINS DRIVE SUITE 605
City-St-Zip: LAKE WORTH, FL 33467

Title: PTD (X) Change () Addition
Name: KUTZIN, MILTON
Address: 5301 FOUNTAINS DR S #405
City-St-Zip: LAKE WORTH, FL 33467

Title: VD (X) Change () Addition
Name: ROTHFARB, SEYMOUR
Address: 5301 FOUNTAIN DRIVE, S. #505
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: BECKER, STANLEY
Address: 5301 FOUNTAINS DR. SO #402
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MILTON KUTZIN

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date