

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05991 (7)

1. Corporation Name
FOUNTAINS SOUTH VILLAS TWO ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**4615 S. FOUNTAINS DR
LAKE WORTH FL 33467
US**

3. Date Incorporated or Qualified **11/02/1984** 3a. Date of Last Report **05/01/1984**
4. FEI Number **59-2519209** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes 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)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	SHEINER BERNARD
STREET ADDRESS	6892 PARISIAN WAY
CITY - ST - ZIP	LAKE WORTH FL
TITLE	SD
NAME	LANDSBERG G.L.
STREET ADDRESS	6888 PARISIAN WAY
CITY - ST - ZIP	LAKE WORTH FL
TITLE	PD
NAME	SMITH PENNY
STREET ADDRESS	6876 PARISIAN WAY
CITY - ST - ZIP	LAKE WORTH FL
TITLE	D
NAME	HERSH HOWARD
STREET ADDRESS	6884 PARISIAN WAY
CITY - ST - ZIP	LAKE WORTH FL
TITLE	D
NAME	SONSKY BERNARD
STREET ADDRESS	6919 PARISIAN WAY
CITY - ST - ZIP	LAKE WORTH FL
TITLE	D
NAME	ZUCKERMAN ROCHELLE
STREET ADDRESS	6884 PARISIAN WAY
CITY - ST - ZIP	LAKE WORTH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LANDSBERG, GIL
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	YD LEVINE, JACK
53 STREET ADDRESS	6989 PARISIAN WAY
54 CITY - ST - ZIP	LAKE WORTH, FL
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(3)(b), 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: *Penny Smith* **4-26-95 (407)964-3600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N05991

FOUNTAINS SOUTH VILLAS TWO ASSOCIATION, INC.

ADDITIONAL OFFICERS AND DIRECTORS

TITLE	D
NAME	KAYE, PHYLLIS
STREET ADDRESS	6945 PARISIAN WAY
CITY-ST-ZIP	LAKE WORTH, FL