FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N25599** **(4)**

1. Corporation Name

FOUNTAINS SOUTH VILLAS THREE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4615 S. FOUNTAINS DRI LAKE WORTH FL 33467 US	4615 S. FOUNTAINS DRIVE LAKE WORTH FL 33467 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2832768 ☐ Applied For ☐ Not Applicable
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

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

9. Name and Address of Current Registered Agent

POULETTE, DEBBIE
4615 S. FOUNTAINS DR.
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 name/address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	NURIK, STANLEY	12 NAME	
STREET ADDRESS	5502 SAN MARINO WAY	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORH FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	KASTNER, HERBERT	22 NAME	
STREET ADDRESS	5434 SAN MARINO WAY	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MARGOLIES, BERT	32 NAME	
STREET ADDRESS	5470 SAN MARINO WAY	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	VTD ☒ Change ☐ Addition
NAME	LEVINE, NATHAN	42 NAME	LEVIN, HERBERT
STREET ADDRESS	5514 SAN MARINO WAY	43 STREET ADDRESS	5490 SAN MARINO WAY
CITY-ST-ZIP	LAKE WORTH FL	44 CITY-ST-ZIP	LAKE WORTH, FL
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	STEINBERG, MAX	52 NAME	APPEL, HARRY
STREET ADDRESS	5518 SAN MARINO WAY	53 STREET ADDRESS	5534 SAN MARINO WAY
CITY-ST-ZIP	LAKE WORTH FL	54 CITY-ST-ZIP	LAKE WORTH, FL
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	COHEN, JEROME	62 NAME	
STREET ADDRESS	5466 SAN MARINO WAY	63 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	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 119.07(3)(i), 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 11 if changed, or on an attachment with an address.

SIGNATURE: Stanley Nurik 4/27/95 (407)964-3600
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Stanley Nurik

0012040

N25599

FOUNTAINS SOUTH VILLAS THREE ASSOCIATION, INC.

ADDITIONAL OFFICERS AND DIRECTORS

TITLE	D
NAME	HETSON, LEONARD
STREET ADDRESS	5458 SAN MARINO WAY
CITY-ST-ZIP	LAKE WORTH, FL