

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 # **N05991** (7)
1. Corporation Name
FOUNTAINS SOUTH VILLAS TWO ASSOCIATION, INC.



Principal Place of Business 4615 S. FOUNTAINS DR LAKE WORTH FL 33467 US		Mailing Address 4615 S. FOUNTAIN DR LAKE WORTH FL 33467 US		3. Date Incorporated or Qualified 11/02/1984	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21 4615 FOUNTAINS DR.	2a. Mailing Address 26 4615 FOUNTAINS DR	4. FEI Number 59-2519209	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEINER BERNARD	1.2 NAME	ZUCKERMAN, LOUIS
STREET ADDRESS	6892 PARISIAN WAY	1.3 STREET ADDRESS	6864 PARISIAN WAY
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDSBERG, GIL	2.2 NAME	
STREET ADDRESS	6888 PARISIAN WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH PENNY	3.2 NAME	AVIN, JACK
STREET ADDRESS	6876 PARISIAN WAY	3.3 STREET ADDRESS	6832 PARISIAN WAY
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSH HOWARD	4.2 NAME	
STREET ADDRESS	6884 PARISIAN WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, JACK	5.2 NAME	KAYE, PHYLLIS
STREET ADDRESS	6923 PARISIAN WAY	5.3 STREET ADDRESS	6945 PARISIAN WAY
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZUCKERMAN ROCHELLE	6.2 NAME	SCHIFFMAN, ROBERT
STREET ADDRESS	6864 PARISIAN WAY	6.3 STREET ADDRESS	6965 PARISIAN WAY
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: Louis Zuckerman Louis Zuckerman 4/3/96 (407) 964-3600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)