

FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
4615 FOUNTAINS DR LAKE WORTH FL 33467 US
4615 FOUNTAINS DR LAKE WORTH FL 33467-4155 US

3. Date Incorporated or Qualified 11/02/1984
3a. Date of Last Report 04/26/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-2519209
Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

POULETTE, DEBBIE
4615 FOUNTAINS DR
LAKE WORTH FL 33467

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 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	PD	<input type="checkbox"/> DELETE
NAME	ZUCKERMAN, LOUIS	
STREET ADDRESS	6864 PARISIAN WAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LANDSBERG, GIL	
STREET ADDRESS	6888 PARISIAN WAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AVIN, JACK	
STREET ADDRESS	6832 PARISIAN WAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HERSH HOWARD	
STREET ADDRESS	6884 PARISIAN WAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAYE, PHYLLIS	
STREET ADDRESS	69945 PARISIAN WAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHIFFMAN, ROBERT	
STREET ADDRESS	6965 PARISIAN WAY	
CITY-ST-ZIP	LAKE WORTH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D STANLEY WISHNOFF
5.3 STREET ADDRESS	6816 PARISIAN WAY
5.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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, 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: _____ DATE: 4/21/97 561-964-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0043991

CR2E037 (9/96)