


FILE NOW: FILING FEE IS \$61.25

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90114 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N05991 1. Corporation Name FOUNTAINS SOUTH VILLAS TWO ASSOCIATION, INC.					
Principal Place of Business 4615 FOUNTAINS DR LAKE WORTH FL 33467 US			Mailing Address 4615 FOUNTAINS DR LAKE WORTH FL 33467 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/02/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2519209	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

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			
				85 Zip Code			
				FL			

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	1.1 TITLE	VD
NAME	ZUCKERMAN, LOUIS	1.2 NAME	SAM BROOKS
STREET ADDRESS	6864 PARISIAN WAY	1.3 STREET ADDRESS	6957 PARISIAN WAY
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	SD	2.1 TITLE	TD
NAME	LANDSBERG, GIL	2.2 NAME	ELAINE TIGER
STREET ADDRESS	6888 PARISIAN WAY	2.3 STREET ADDRESS	6961 PARISIAN WAY
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	VD	3.1 TITLE	D
NAME	AVIN, JACK	3.2 NAME	
STREET ADDRESS	6832 PARISIAN WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	SD
NAME	SHEINER, BERNARD	4.2 NAME	WALLACE RUBIN
STREET ADDRESS	6892 PARISIAN WAY	4.3 STREET ADDRESS	6828 PARISIAN WAY
CITY-ST-ZIP	LAKE WORTH FL 33467	4.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D	5.1 TITLE	PD
NAME	WISHNOFF, STANLEY	5.2 NAME	
STREET ADDRESS	6816 PARISIAN WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SCHIFFMAN, ROBERT	6.2 NAME	
STREET ADDRESS	6965 PARISIAN WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	6.4 CITY-ST-ZIP	

14. I 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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED 4/15/99 361-964-3600

CR2E037 (11/98)