


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

04/23/99

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/02/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2519209
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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
		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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ZUCKERMAN, LOUIS 6864 PARISIAN WAY LAKE WORTH FL	1.1 TITLE	VD SAM BROOKS 6957 PARISIAN WAY LAKE WORTH, FL 33467
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD LANDSBERG, GIL 6888 PARISIAN WAY LAKE WORTH FL	2.1 TITLE	TD ELAINE TIGER 6961 PARISIAN WAY LAKE WORTH, FL 33467
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD AVIN, JACK 6832 PARISIAN WAY LAKE WORTH FL	3.1 TITLE	D
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD SHEINER, BERNARD 6892 PARISIAN WAY LAKE WORTH FL 33467	4.1 TITLE	SD WALLACE RUBIN 6828 PARISIAN WAY LAKE WORTH, FL 33467
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WISHNOFF, STANLEY 6816 PARISIAN WAY LAKE WORTH FL	5.1 TITLE	PD
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SCHIFFMAN, ROBERT 6965 PARISIAN WAY LAKE WORTH FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: 4/15/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Daytime Phone #: 361-964-3600

CR2E037 (11/98)