

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90092 036 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N05991**

1. Entity Name  
**FOUNTAINS SOUTH VILLAS TWO ASSOCIATION, INC.**

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

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**59-2519209**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**POULETTE, DEBBIE**  
**4615 FOUNTAINS DR**  
**LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>BROOKS, SAM</b>	
STREET ADDRESS	<b>6957 PARISIAN WAY</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>TIGER, ELAINE</b>	
STREET ADDRESS	<b>6961 PARISIAN WAY</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>AVIN, JACK</b>	
STREET ADDRESS	<b>6832 PARISIAN WAY</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>RUBIN, WALLACE</b>	
STREET ADDRESS	<b>6828 PARISIAN WAY</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>WISHNOFF, STANLEY</b>	
STREET ADDRESS	<b>6816 PARISIAN WAY</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	YD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NADEL, LEONARD</b>	
STREET ADDRESS	<b>6836 PARISIAN WAY</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      office      4/13/00      561-964-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)