

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09923

1. Entity Name

FOUNTAINS SOUTH NO. 3 VILLAGE ASSOCIATION, INC.

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

04-24-2000 90093 008 \*\*\*\*61.25

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br>4615 FOUNTAINS DR<br>LAKE WORTH FL 33467-5065<br>US | Mailing Address<br>4615 FOUNTAINS DR<br>LAKE WORTH FL 33467-4155<br>US |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

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

|                                                                                          |                                                        |
|------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-2519203</b>                                                       | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                             |                                                                                                                 |                                              |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|

10. OFFICERS AND DIRECTORS

|                |                                |                                            |
|----------------|--------------------------------|--------------------------------------------|
| TITLE          | VD                             | <input type="checkbox"/> Delete            |
| NAME           | RICHMOND, DAVID                |                                            |
| STREET ADDRESS | 5301 FOUNTAINS DR, SOUTH, #502 |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL                  |                                            |
| TITLE          | VD                             | <input type="checkbox"/> Delete            |
| NAME           | BACALMAN, MORRIS               |                                            |
| STREET ADDRESS | 5279 FOUNTAINS DR SO #203      |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL                  |                                            |
| TITLE          | SD                             | <input checked="" type="checkbox"/> Delete |
| NAME           | SELD, HOWARD                   |                                            |
| STREET ADDRESS | 5257-702 FOUNTAINS DR SOUTH    |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL                  |                                            |
| TITLE          | TSD                            | <input type="checkbox"/> Delete            |
| NAME           | KUTZIN, MILTON                 |                                            |
| STREET ADDRESS | 5301 FOUNTAINS DR. SO. #405    |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL                  |                                            |
| TITLE          | PD                             | <input type="checkbox"/> Delete            |
| NAME           | STEINBERG, NATHAN              |                                            |
| STREET ADDRESS | 5279 FOUNTAIN DR., S. #205     |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL                  |                                            |
| TITLE          | D                              | <input type="checkbox"/> Delete            |
| NAME           | ROTHFARB, SEYMOUR              |                                            |
| STREET ADDRESS | 5301 FOUNTAINS DR SO #505      |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL                  |                                            |

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          | SD                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SIMON, MURIEL                   |                                                                              |
| STREET ADDRESS | 5257 FOUNTAINS DR. SO. APT. 504 |                                                                              |
| CITY-ST-ZIP    | LAKE WORTH, FL 33467            |                                                                              |
| TITLE          | TD                              | <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    |                                 |                                                                              |

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 561 964 3600

Date Daytime Phone #

CR2E037 (9/99)