


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90384 033 \*\*\*\*61.25

<b>DOCUMENT # 768023</b> 1. Entity Name <b>FOUNTAINS SOUTH PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4615 S. FOUNTAINS DR LAKE WORTH FL 33467 US</b>			Mailing Address <b>4615 S. FOUNTAINS DR LAKE WORTH FL 33467 US</b>		
2. Principal Place of Business <b>4615 Fountains Drive</b>		3. Mailing Address <b>4615 Fountains Drive</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2340750</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>POULETTE, DEBBIE 4615 S. FOUNTAINS DR. LAKE WORTH FL 33467</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>4615 Fountains Drive</b> City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>KANTROWITZ, WALTER</b> <b>5502 FOUNTAINS DRIVE SO.</b> <b>LAKE WORTH FL 33467</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>TD</b> <input type="checkbox"/> Delete <b>MANFORD, BERNARD</b> <b>6688 PALERMO WAY</b> <b>LAKE WORTH FL 33467</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>SD</b> <input type="checkbox"/> Delete <b>WISHNOFF, STANLEY</b> <b>6816 PARISIAN WAY</b> <b>LAKE WORTH FL 33467</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>PD</b> <input type="checkbox"/> Delete <b>BILKIS, SONNY</b> <b>6701 PALERMO WAY</b> <b>LAKE WORTH FL 33467</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>VD</b> <input type="checkbox"/> Delete <b>KAUFMAN, DAVID</b> <b>6959 FOUNTAINS CIR.</b> <b>LAKE WORTH FL 33467</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <u>Stanley Wishnoff</u> <b>Stanley Wishnoff</b> <u>4/9/04</u> <u>561-964-3600</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					