

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90029 026 ****61.25

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01102005 Chg-NP CR2E037 (10/03)

DOCUMENT # 768023			
1. Entity Name FOUNTAINS SOUTH PROPERTY OWNERS ASSOCIATION, INC.		Mailing Address 4615 FOUNTAINS DR LAKE WORTH, FL 33467 US	
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 Suite, Apt. #, etc. <i>Suite B</i>		3. Mailing Address Suite, Apt. #, etc. <i>Suite B</i>	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2340750		Applied For <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) <i>Suite B</i> 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. 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>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANTROWITZ, WALTER 5502 FOUNTAINS DRIVE SO. LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Solomon, Barry 5482 San Marino Way Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANFORD, BERNARD 6688 PALERMO WAY LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WISHNOFF, STANLEY 6816 PARISIAN WAY LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILKIS, SONNY 6701 PALERMO WAY LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAUFMAN, DAVID 6959 FOUNTAINS CIR. LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Stanley Wishnoff</i>		Date: <i>1/25/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>561-964-3600</i>	