

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-01-2005 90029 027 ****61.25

DOCUMENT # N09923

1. Entity Name
FOUNTAINS SOUTH NO. 3 VILLAGE ASSOCIATION, INC.



Principal Place of Business
**4615 FOUNTAINS DR
LAKE WORTH, FL 33467-5065 US**

Mailing Address
**4615 FOUNTAINS DR
LAKE WORTH, FL 33467-5065 US**

50009075



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

City & State

01102005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2519203

Applied For
Not Applicable

Zip

Country

Zip

Country

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)

Suite B

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RICHMOND, DAVID**
STREET ADDRESS **5301 FOUNTAINS DR, SOUTH, #502**
CITY-ST-ZIP **LAKE WORTH, FL**

TITLE **VD** ☐ Delete
NAME **BACELMAN, MORRIS**
STREET ADDRESS **5279 FOUNTAINS DR. SOUTH, APT 203**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **PTD** ☐ Delete
NAME **KUTZIN, MILTON**
STREET ADDRESS **5301 FOUNTAINS DR. SO. #405**
CITY-ST-ZIP **LAKE WORTH, FL**

TITLE **VD** ☐ Delete
NAME **ROTHFARLO, SEYMOUR**
STREET ADDRESS **5301 FOUNTAINS DR SO #505**
CITY-ST-ZIP **LAKE WORTH, FL**

TITLE **VD** ☐ Delete
NAME **SCHEINER, HERBERT**
STREET ADDRESS **5257 FOUNTAINS DR. SOUTH, APT 305**
CITY-ST-ZIP **LAKE WORTH, FL 334657**

TITLE **S** ☒ Delete
NAME **GRAY, SEYMOUR**
STREET ADDRESS **5279 FOUNTAINS DR. SOUTH, APT 302**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition
NAME **Krieger, Herbert**
STREET ADDRESS **5257 Fountains Dr. S. Apt. 705**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE ☒ Change ☐ Addition
NAME **Bacelman, Morris**
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME **Kutzin, Milton**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Rothfarb, Seymour**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **Hoff, Evelyn**
STREET ADDRESS **5279 Fountains Drive S. Apt. 503**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE ☐ Change ☐ 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:

Milton Kutzin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05
Date

561-964-3600
Daytime Phone #