


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

02-01-2005 90029 031 \*\*\*\*61.25

<b>DOCUMENT # N05991</b> 1. Entity Name FOUNTAINS SOUTH VILLAS TWO ASSOCIATION, INC.	
--	---

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

**50009071**



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2519209	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROOKS, SAM 6957 PARISIAN WAY LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVIN, JACK 6832 PARISIAN WAY LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBIN, WALLACE 6828 PARISIAN WAY LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WISHNOFF, STANLEY 6816 PARISIAN WAY LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NADEL, LEONARD 6836 PARISIAN WAY LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Stanley Wishnoff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05  
Date

561-964-3600  
Daytime Phone #