


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90006 039 \*\*\*\*61.25

**DOCUMENT # N05991**  
 1. Entity Name  
**FOUNTAINS SOUTH VILLAS TWO ASSOCIATION, INC.**



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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01102006 Chg-NP CR2E037 (11/05)

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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	VD	<input type="checkbox"/> Delete
NAME	BROOKS, SAM	
STREET ADDRESS	6957 PARISIAN WAY	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	AVIN, JACK	
STREET ADDRESS	6832 PARISIAN WAY	
CITY-ST-ZIP	LAKE WORTH, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUBIN, WALLACE	
STREET ADDRESS	6828 PARISIAN WAY	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WISHNOFF, STANLEY	
STREET ADDRESS	6816 PARISIAN WAY	
CITY-ST-ZIP	LAKE WORTH, FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NADEL, LEONARD	
STREET ADDRESS	6836 PARISIAN WAY	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rubin, Wallace	
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 exemptions contained in Chapter 119, 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: \_\_\_\_\_ DATE: 1/18/06 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR