


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90012 009 \*\*\*\*61.25

<b>DOCUMENT # N09923</b>					
<b>1. Entity Name</b> FOUNTAINS SOUTH NO. 3 VILLAGE ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4615 FOUNTAINS DR SUITE B LAKE WORTH, FL 33467-5065 US			<b>Mailing Address</b> 4615 FOUNTAINS DR SUITE B LAKE WORTH, FL 33467-5065 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
POULETTE, DEBBIE 4615 FOUNTAINS DR SUITE B LAKE WORTH, FL 33467				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRIEGER, HERBERT		NAME		
STREET ADDRESS	5257 FOUNTAINS DRIVE SOUTH #705		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEGEL, GEORGE		NAME	Siegel, George	
STREET ADDRESS	5279 FOUNTAINS DR S. APT 604		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUTZIN, MILTON		NAME	Kutzin, Milton	
STREET ADDRESS	5301 FOUNTAINS DR. SO. #405		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL		CITY-ST-ZIP		
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROTHFARB, SEYMOUR		NAME	Teich, Lynne	
STREET ADDRESS	5301 FOUNTAINS DR SO #505		STREET ADDRESS	5301 Fountains Dr S #705	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	D <input type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHEINER, HERBERT		NAME	Katz-Gilmore, Lorraine	
STREET ADDRESS	5257 FOUNTAINS DR. SOUTH, APT 305		STREET ADDRESS	5301 Fountains Dr S #605	
CITY-ST-ZIP	LAKE WORTH, FL 334657		CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	S <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEICHMAN, MINNETTE		NAME	Leichman, Minnetto	
STREET ADDRESS	5279 FOUNTAINS DR. S. APT. 404		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Lorraine Katz Gilmore</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-22-08 561-964-3600 <small>Date Daytime Phone #</small>		