

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91181 032 \*\*\*\*61.25

**DOCUMENT # N05991**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2519209**

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

7. Name and Address of New Registered Agent

**POULETTE, DEBBIE  
4615 FOUNTAINS DR  
LAKE WORTH FL 33467**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

*Signature of Stanley Wishnoff*

OFFICER

4/12/03

CR2E037 (10/02)