

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05991

**Entity Name:** FOUNTAINS SOUTH VILLAS TWO ASSOCIATION, INC.

**Current Principal Place of Business:**

4615 FOUNTAINS DR  
SUITE B  
LAKE WORTH, FL 33467

**Current Mailing Address:**

4615 FOUNTAINS DR  
SUITE B  
LAKE WORTH, FL 33467 US

**FEI Number:** 59-2519209

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POULETTE, DEBBIE  
4615 FOUNTAINS DR  
SUITE B  
LAKE WORTH, FL 33467 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WISHNOFF, STANLEY  
Address 6816 PARISIAN WAY  
City-State-Zip: LAKE WORTH FL 33467

Title VPD  
Name STEWART, DIANE  
Address 6844 PARISIAN WAY  
City-State-Zip: LAKE WORTH FL 33467

Title TD  
Name EHRLICH, BEN  
Address 6965 PARISIAN WAY  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name KAYE, SUSAN  
Address 6945 PARISIAN WAY  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name EDELMAN, LAURA  
Address 6864 PARISIAN WAY  
City-State-Zip: LAKE WORTH FL 33467

Title SD  
Name RASCOVAR, LEE  
Address 6848 PARISIAN WAY  
City-State-Zip: LAKE WORTH FL 33467

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STANLEY WISHNOFF

**PRESIDENT**

**02/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date