

2021 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 DIRECTOR
Name DIAMOND, PHIL
Address 6908 PARISIAN WAY
City-State-Zip: LAKE WORTH FL 33467Title D, SECRETARY
Name SAMBERG, JEFF
Address 6904 PARISIAN WAY
City-State-Zip: LAKE WORTH FL 33467Title DIRECTOR, VP
Name WEINSTEIN, PETER
Address 6912 PARISIAN WAY
City-State-Zip: LAKE WORTH FL 33467Title PRESIDENT, DIRECTOR
Name EHRLICH, BEN
Address 6965 PARISIAN WAY
City-State-Zip: LAKE WORTH FL 33467Title DIRECTOR
Name RASCOVAR, LEE
Address 6848 PARISIAN WAY
City-State-Zip: LAKE WORTH FL 33467Title DIRECTOR, TREASURER
Name KURES, KEN
Address 6784 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: BEN EHRLICH**PRESIDENT****02/15/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date