

2019 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 33467

Title	PRESIDENT, DIRECTOR
Name	EHRlich, BEN
Address	6965 PARISIAN WAY
City-State-Zip:	LAKE WORTH FL 33467

Title	D
Name	SAMBERG, JEFF
Address	6904 PARISIAN WAY
City-State-Zip:	LAKE WORTH FL 33467

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

Title	D
Name	RUSH-KANTER, BONNIE
Address	6827 PARISIAN WAY
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	GINSBERG, STEPHEN
Address	6832 PARISIAN WAY
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR, TREASURER
Name	BOROWKA, MELVIN
Address	6884 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****04/09/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date