

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90384 022 \*\*\*\*61.25

|                                          |                                                                                   |
|------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 770526</b>                 |  |
| 1. Entity Name                           |                                                                                   |
| FOUNTAINS SOUTH VILLAS ASSOCIATION, INC. |                                                                                   |

|                                                |                                                |
|------------------------------------------------|------------------------------------------------|
| Principal Place of Business                    | Mailing Address                                |
| 4615 FOUNTAINS DR<br>LAKE WORTH FL 33467<br>US | 4615 FOUNTAINS DR<br>LAKE WORTH FL 33467<br>US |

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



MOORE CR2E037 (11/03)

|                                  |  |                                |
|----------------------------------|--|--------------------------------|
| 4. FEI Number                    |  | Applied For                    |
| 59-2340332                       |  | Not Applicable                 |
| 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<br>4615 FOUNTAINS DR<br>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

|                                                              |                                                                                     |                                              |                                                                    |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be</b><br><b>Added to Fees</b> | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------|

|                            |                       |                                                       |                       |
|----------------------------|-----------------------|-------------------------------------------------------|-----------------------|
| 10. OFFICERS AND DIRECTORS |                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                       |
| TITLE                      | PD                    | TITLE                                                 |                       |
| NAME                       | GLATTER, ARNOLD       | NAME                                                  |                       |
| STREET ADDRESS             | 6888 FOUNTAINS DR     | STREET ADDRESS                                        |                       |
| CITY-ST-ZIP                | LAKE WORTH FL 33467   | CITY-ST-ZIP                                           |                       |
| TITLE                      | VD                    | TITLE                                                 | VTD                   |
| NAME                       | KAUFMAN, DAVID        | NAME                                                  | Kaufman, David        |
| STREET ADDRESS             | 6959 FOUNTAINS CIRCLE | STREET ADDRESS                                        |                       |
| CITY-ST-ZIP                | LAKE WORTH FL         | CITY-ST-ZIP                                           |                       |
| TITLE                      | VD                    | TITLE                                                 | VD                    |
| NAME                       | CARLIN, STEPHEN       | NAME                                                  | Swartz, Michael       |
| STREET ADDRESS             | 6809 FOUNTAINS CIR.   | STREET ADDRESS                                        | 6861 Fountains Circle |
| CITY-ST-ZIP                | LAKE WORTH FL 33467   | CITY-ST-ZIP                                           | Lake Worth, FL 33467  |
| TITLE                      | SD                    | TITLE                                                 |                       |
| NAME                       | HESELL ELAINE         | NAME                                                  |                       |
| STREET ADDRESS             | 6886 FOUNTAINS CIRCLE | STREET ADDRESS                                        |                       |
| CITY-ST-ZIP                | LAKE WORTH FL         | CITY-ST-ZIP                                           |                       |
| TITLE                      | TD                    | TITLE                                                 |                       |
| NAME                       | BERLANT, NORMAN       | NAME                                                  |                       |
| STREET ADDRESS             | 6813 FOUNTAIN CIRCLE  | STREET ADDRESS                                        |                       |
| CITY-ST-ZIP                | LAKE WORTH FL 33467   | CITY-ST-ZIP                                           |                       |
| TITLE                      |                       | TITLE                                                 |                       |
| NAME                       |                       | NAME                                                  |                       |
| STREET ADDRESS             |                       | STREET ADDRESS                                        |                       |
| CITY-ST-ZIP                |                       | 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:** *Arnold Glatter* *ARNOLD GLATTER* **3/30/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #