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FILED

May 08 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N05991 (7)**

1. Corporation Name

FOUNTAINS SOUTH VILLAS TWO ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4615 FOUNTAINS DR
LAKE WORTH FL 33467
US****4615 FOUNTAINS DR
LAKE WORTH FL 33467-4155
US**3. Date Incorporated or Qualified
11/02/19843a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ZUCKERMAN, LOUIS
STREET ADDRESS 6864 PARISIAN WAY
CITY-ST-ZIP LAKE WORTH FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME LANDSBERG, GIL
STREET ADDRESS 6888 PARISIAN WAY
CITY-ST-ZIP LAKE WORTH FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME AVIN, JACK
STREET ADDRESS 6832 PARISIAN WAY
CITY-ST-ZIP LAKE WORTH FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME HERSH HOWARD
STREET ADDRESS 6884 PARISIAN WAY
CITY-ST-ZIP LAKE WORTH FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME KAYE, PHYLLIS
STREET ADDRESS 69945 PARISIAN WAY
CITY-ST-ZIP LAKE WORTH FL5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **STANLEY WISHNOFF**
5.3 STREET ADDRESS **6816 PARISIAN WAY**
5.4 CITY-ST-ZIP **LAKE WORTH, FL 33467**TITLE D ☐ DELETE
NAME SCHIFFMAN, ROBERT
STREET ADDRESS 6965 PARISIAN WAY
CITY-ST-ZIP LAKE WORTH FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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, trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043991

CR2E037 (9/96)