

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05991

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

4615 FOUNTAINS DR  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

**Current Mailing Address:**

4615 FOUNTAINS DR  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

**FEI Number:** 59-2519209

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

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

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

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

Title: DS  
Name: RASCOVAR, LEE  
Address: 6848 PARISIAN WAY  
City-St-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: DEBBIE POULETTE

RA

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date