2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90093 008 ****61.25

DOCUMENT # N09923

1. Entity Name

FOUNTAINS SOUTH NO. 3 VILLAGE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4615 FOUNTAINS DR LAKE WORTH FL 33467-5065 US	4615 FOUNTAINS DR LAKE WORTH FL 33467-4155 US

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2519203 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POULETTE, DEBBIE
4615 FOUNTAINS DR
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RICHMOND, DAVID 5301 FOUNTAINS DR, SOUTH, #502 LAKE WORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BACALMAN, MORRIS 5279 FOUNTAINS DR SO #203 LAKE WORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SELD, HOWARD 5257-702 FOUNTAINS DR SOUTH LAKE WORTH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIMON, MURIEL 5257 FOUNTAINS DR. SO. APT. 504 LAKE WORTH, FL 33467	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD KUTZIN, MILTON 5301 FOUNTAINS DR. SO. #405 LAKE WORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEINBERG, NATHAN 5279 FOUNTAIN DR., S. #205 LAKE WORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROTHFARB, SEYMOUR 5301 FOUNTAINS DR SO #505 LAKE WORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED 4/17/00 561 964-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #