

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09923

1. Entity Name

FOUNTAINS SOUTH NO. 3 VILLAGE ASSOCIATION, INC.

Principal Place of Business

4615 FOUNTAINS DR  
LAKE WORTH FL 33467-5065  
US

Mailing Address

4615 FOUNTAINS DR  
LAKE WORTH FL 33467-5065  
US

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

7. Name and Address of New Registered Agent

POULETTE, DEBBIE  
4615 FOUNTAINS DR  
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.

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	VD RICHMOND, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	5301 FOUNTAINS DR, SOUTH, #502	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE NAME	D BACALMAN, MORRIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5279 FOUNTAINS DR SO #203	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE NAME	SD SIMON, MURIEL	<input type="checkbox"/> Delete
STREET ADDRESS	5257 FOUNTAINS DR S APT 504	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE NAME	TD KUTZIN, MILTON	<input type="checkbox"/> Delete
STREET ADDRESS	5301 FOUNTAINS DR. SO. #405	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE NAME	PD STEINBERG, NATHAN	<input type="checkbox"/> Delete
STREET ADDRESS	5279 FOUNTAIN DR., S. #205	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE NAME	D ROTHFARB, SEYMOUR	<input type="checkbox"/> Delete
STREET ADDRESS	5301 FOUNTAINS DR SO #505	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.16.02

561 964 3600

Date

Daytime Phone #

FILED  
May 10, 2002 8:00 am  
Secretary of State

05-10-2002 90062 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)