


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90039 022 \*\*\*\*61.25

|   |  |   |
|---|--|---|
| <b>DOCUMENT # N09923</b>  |  |  |
| 1. Entity Name<br>FOUNTAINS SOUTH NO. 3 VILLAGE ASSOCIATION, INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>4615 FOUNTAINS DR<br>SUITE B<br>LAKE WORTH, FL 33467-5065 US | Mailing Address<br>4615 FOUNTAINS DR<br>SUITE B<br>LAKE WORTH, FL 33467-5065 US |
|---|---|

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|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

01102007 Chg-NP CR2E037 (12/06)

|  |  |  |
|--|--|--|
| 4. FEI Number<br>59-2519203  |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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>SUITE B<br>LAKE WORTH, FL 33467 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| Filing Fee is \$61.25<br>Due by May 1, 2007 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to<br>Florida Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>KRIEGER, HERBERT<br>5257 FOUNTAINS DRIVE SOUTH #705<br>LAKE WORTH, FL 33467 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>SIEGEL, GEORGE<br>5279 FOUNTAINS DR S. APT 604<br>LAKE WORTH, FL 33467 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>KUTZIN, MILTON<br>5301 FOUNTAINS DR. SO. #405<br>LAKE WORTH, FL <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROTHFARB, SEYMOUR<br>5301 FOUNTAINS DR SO #505<br>LAKE WORTH, FL <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>Rothfarb, Seymour<br>5301 Fountains Drive South, Apt. 505<br>Lake worth, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCHEINER, HERBERT<br>5257 FOUNTAINS DR. SOUTH, APT 305<br>LAKE WORTH, FL 334657 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>HOFF, EVELYN<br>5279 FOUNTAINS DR S. APT 503<br>LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S<br>Leichman, Minnette<br>5279 Fountains Drive South, Apt. 404<br>Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Milton Kutzin 1/26/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #