

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-31-2007 90039 024 \*\*\*\*61.25

**DOCUMENT # N25599**

1. Entity Name  
FOUNTAINS SOUTH VILLAS THREE ASSOCIATION, INC.



Principal Place of Business  
4615 FOUNTAINS DR  
SUITE B  
LAKE WORTH, FL 33467 US

Mailing Address  
4615 FOUNTAINS DR  
SUITE B  
LAKE WORTH, FL 33467 US

40007153



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-2832768

Applied For  
Not Applicable

Zip

Country

Zip

Country

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  
SUITE B  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE PD ☐ Delete  
NAME EDELSTEIN, NORMAN  
STREET ADDRESS 5494 SAN MARINO WAY  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME ARONSON, ARNOLD  
STREET ADDRESS 5496 SAN MARINO WAY  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SOLOMON, BARRY  
STREET ADDRESS 5482 SAN MARINO WAY  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME LEVIN, HERD  
STREET ADDRESS 5490 SAN MARINO WAY  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ☐ Change ☒ Addition  
NAME TO  
STREET ADDRESS schacter, Jerry  
CITY-ST-ZIP 5466 San marino way  
Lake Worth, FL 33467

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME SD  
STREET ADDRESS Levine, Charlotte  
CITY-ST-ZIP 5514 San Marino way  
Lake Worth, FL 33467

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07

Date

Daytime Phone #