

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25599

FILED  
Jan 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4615 FOUNTAINS DR  
SUITE B  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

**Current Mailing Address:**

4615 FOUNTAINS DR  
SUITE B  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

**FEI Number:** 59-2832768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POULETTE, DEBBIE  
4615 FOUNTAINS DR  
SUITE B  
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: PD ( ) Delete  
Name: EDELSTEIN, NORMAN  
Address: 5494 SAN MARINO WAY  
City-St-Zip: LAKE WORTH, FL 33467

Title: VD ( ) Delete  
Name: ARONSON, ARNOLD  
Address: 5496 SAN MARINO WAY  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: SOLOMON, BARRY  
Address: 5482 SAN MARINO WAY  
City-St-Zip: LAKE WORTH, FL 33467

Title: TD ( ) Delete  
Name: SCHACTER, JERRY  
Address: 5466 SAN MARINO WAY  
City-St-Zip: LAKE WORTH, FL 33467

Title: SD ( ) Delete  
Name: FEINGOLD, AMY  
Address: 5478 SAN MARINO WAY  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: NURIK, STANLEY  
Address: 5502 SAN MARINO WAY  
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: KIRSH, ERVING  
Address: 5451 SAN MARINO WAY  
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STANLEY NURIK

PRES

01/16/2009

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

\_\_\_\_\_  
Date