

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mathiam Secretary of State Tallahassee, Florida 32304-1040
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**APPROVED  
AND  
FILED**

55 MAY -1 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N47073 (4)**

**THE FOUNTAINS OF PALM BEACH CONDOMINIUM NO. 6, I NC.**

DO NOT WRITE IN THIS SPACE

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

3. Date incorporated or Qualified <b>01/28/1992</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1511440</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite Apt # etc.	26. Suite Apt # etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	29. Country
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**POULETTE, DEBBIE**  
**4615 S FOUNTAINS DR.**  
**LAKE WORTH FL 33467-4997**

**10. Name and Address of New Registered Agent**

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
B5. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b>	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTHENBERG, MONROE</b>	12. NAME	
STREET ADDRESS	<b>4378 FOUNTAINS DR.</b>	13. STREET ADDRESS	
CITY, ST, ZIP	<b>LAKE WORTH FL</b>	14. CITY, ST, ZIP	
TITLE	<b>VD</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHLOSSBERG, WILLIAM</b>	22. NAME	
STREET ADDRESS	<b>4332 FOUNTAINS DR.</b>	23. STREET ADDRESS	
CITY, ST, ZIP	<b>LAKE WORTH FL</b>	24. CITY, ST, ZIP	
TITLE	<b>SD</b>	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIFKIN, MILTON</b>	32. NAME	
STREET ADDRESS	<b>4352 FOUNTAINS DR.</b>	33. STREET ADDRESS	
CITY, ST, ZIP	<b>LAKE WORTH FL</b>	34. CITY, ST, ZIP	
TITLE	<b>D</b>	41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATZ, IRWIN</b>		
STREET ADDRESS	<b>4428 FOUNTAINS DR.</b>		
CITY, ST, ZIP	<b>LAKE WORTH FL</b>		
TITLE	<b>D</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARGULIES, MADELYN</b>		
STREET ADDRESS	<b>4400 FOUNTAINS DR.</b>		
CITY, ST, ZIP	<b>LAKE WORTH FL</b>		
TITLE	<b>PD</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINER WILLIAM</b>		
STREET ADDRESS	<b>4408 FOUNTAINS DRIVE</b>	63. STREET ADDRESS	
CITY, ST, ZIP	<b>LAKE WORTH FL</b>	64. CITY, ST, ZIP	

*See attached continuation of Directors*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 at the time of the execution of this report as required by Chapter 632, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: William Weiner 4-27-95 (407) 964-3600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N47073

THE FOUNTAINS OF PALM BEACH CONDOMINIUM NO. 6, INC.

ADDITIONAL OFFICERS AND DIRECTORS

TITLE	D
NAME	EDELSTEIN, VICTORIA
STREET ADDRESS	4398 FOUNTAINS DRIVE
CITY-ST-ZIP	LAKE WORTH, FL

TITLE	D
NAME	ALEXANDER, GILBERT
STREET ADDRESS	4426 FOUNTAINS DRIVE
CITY-ST-ZIP	LAKE WORTH, FL

TITLE	D
NAME	SUVAL, ROBERT
STREET ADDRESS	4304 FOUNTAINS DRIVE
CITY-ST-ZIP	LAKE WORTH, FL

TITLE	D
NAME	CHESTER, HARRY
STREET ADDRESS	4408 FOUNTAINS DRIVE
CITY-ST-ZIP	LAKE WORTH, FL

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norrman  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

MAY 1 1995 9:13

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N47087 (4)**  
1. Corporation Name  
**KEYS CHILDREN'S SHELTER FOUNDATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**31 OCEAN REEF DR  
SUITE 208  
KEY LARGO FL 33037**      **31 OCEAN REEF DR  
SUITE 208  
KEY LARGO FL 33037**

3. Date incorporated or Qualified      3a. Date of Last Report  
**01/27/1992**      **04/05/1994**  
4. FEI Number      Applied For  
**65-0338315**      Not Applicable

2. Principal Place of Business      2a. Mailing Address  
21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.  
22. City & State      27. City & State  
23. Zip      28. Zip  
24. Country      25. Country      29. Country      30. Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**  
6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**BACHER, CLAUDINE  
31 OCEAN REEF DR  
SUITE 208  
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City      85. Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Agent)      \_\_\_\_\_ (Signature of Registered Agent)      \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KELM, CAROLINE
STREET ADDRESS	15 W SNAPPER PT
CITY, ST, ZIP	KEY LARGO FL 33037
TITLE	VD
NAME	BACHER, CLAUDINE
STREET ADDRESS	54 TARPON LN
CITY, ST, ZIP	KEY LARGO FL 33037
TITLE	STD
NAME	WELLS, FRED
STREET ADDRESS	6A THE LANDINGS
CITY, ST, ZIP	KEY LARGO FL 33037
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Claudine Bacher  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CLAUDINE BACHER**

4/29/95      305-367-4400