

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N47073 (4)**

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



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

3. Date Incorporated or Qualified: **01/28/1992**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1511440**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 4615 FOUNTAINS DR.**  
2a. Mailing Address: **26 4615 FOUNTAINS DR.**  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip: **25** Country: **29** Country: **30**

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  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable): **4615 FOUNTAINS DR.**  
83.  
84. City: **FL 85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | <b>TD</b>                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>ROTHENBERG, MONROE</b>   |  |
| STREET ADDRESS | <b>4378 FOUNTAINS DR.</b>   |  |
| CITY-ST-ZIP    | <b>LAKE WORTH FL</b>        |  |
| TITLE          | <b>VD</b>                   | <input type="checkbox"/> DELETE            |
| NAME           | <b>SCHLOSSBERG, WILLIAM</b> |  |
| STREET ADDRESS | <b>4332 FOUNTAINS DR.</b>   |  |
| CITY-ST-ZIP    | <b>LAKE WORTH FL</b>        |  |
| TITLE          | <b>SD</b>                   | <input type="checkbox"/> DELETE            |
| NAME           | <b>RIFKIN, MILTON</b>       |  |
| STREET ADDRESS | <b>4352 FOUNTAINS DR.</b>   |  |
| CITY-ST-ZIP    | <b>LAKE WORTH FL</b>        |  |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE            |
| NAME           | <b>EDELSTEIN, VICTORIA</b>  |  |
| STREET ADDRESS | <b>4398 FOUNTAINS DRIVE</b> |  |
| CITY-ST-ZIP    | <b>LAKE WORTH FL</b>        |  |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE            |
| 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"/> DELETE            |
| NAME           | <b>WEINER WILLIAM</b>       |  |
| STREET ADDRESS | <b>4406 FOUNTAINS DRIVE</b> |  |
| CITY-ST-ZIP    | <b>LAKE WORTH FL</b>        |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>TD SUVAL, ROBERT</b>  |
| 1.3 STREET ADDRESS | <b>4304 FOUNTAINS DR.</b>  |
| 1.4 CITY-ST-ZIP    | <b>LAKE WORTH, FL 33467</b>  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 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)(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 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: William Weiner Date: 4/17/96 (407) 964-3600

CR2E037 (12/95)