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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 FOUNTAINS DR LAKE WORTH FL 33467-4155 US

3. Date Incorporated or Qualified: 01/28/1992  
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1511440	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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

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

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD
NAME	SUVAZ, ROBERT	1.2 NAME	SUVAL, ROBERT
STREET ADDRESS	4304 FOUNTAINS DR	1.3 STREET ADDRESS	4304 FOUNTAINS DR.
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	LAKE WORTH, FL
TITLE	VD	2.1 TITLE	
NAME	SCHLOSSBERG, WILLIAM	2.2 NAME	
STREET ADDRESS	4332 FOUNTAINS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	RIFKIN, MILTON	3.2 NAME	
STREET ADDRESS	4352 FOUNTAINS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	EDELSTEIN, VICTORIA	4.2 NAME	
STREET ADDRESS	4398 FOUNTAINS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MARGULIES, MADELYN	5.2 NAME	
STREET ADDRESS	4400 FOUNTAINS DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	WEINER WILLIAM	6.2 NAME	
STREET ADDRESS	4406 FOUNTAINS DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 checked, or on an attachment with an address.

SIGNATURE: *Sam Weiner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/18/97 Daytime Phone # 561-964-3600 0044017

CR2E037 (9/96)