FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name

(4)

THE FOUNTAINS OF PALM BEACH CONDOMINIUM NO. 6, I

FILED Apr 24 1998 8:00am Secretary of State

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110							
Principal Place	of Business	Mailing Address				1.00 (1/10) die 0162) 160 (1.00 de 11/1 de	
4615 FOUNTAINS DR 4615 FOUNTAINS DR			3. Date Incorporated or Qualified				
LAKE WORTH FL 33467-5065		LAKE WORTH FL 33467-50	LAKE WORTH FL 33467-5065			01/28/1992	
US		US				4. FEI Number Applied For	
						59-1511440 Not Applicable	
3 Oringinal Di	and of Regions	2a. Mailing Address				- A0 75	
2. Principal Place of Business 2e. Mailing Address 2f.						5. Certificate of Status Desired	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be	
22						Trust Fund Contribution Added to Fees	
City & State City & State				7. Is this nonprofit corporation a homeowners association?			
23	23 28			☐ Yes ☐ No			
Zip	Country	Zip		untry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent	
i				81	Name		
	te, debbie			82	Street /	Address (P.O. Box Number is Not Acceptable)	
	UNTAINS OR			83			
LAKE W	ORTH FL 33467-4997			83			
				84	City	FL 85 Zip Code	
11 Duramant	to the provisions of Sections 617 050	2 and 617 1508 Florida Statut	as the s	hove	-nemed	corporation submits this statement for the purpose of changing its registered	
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorize	d by	the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obligi	ations of, Section 617.0503, Fi	orida Sta	ilutes.	•		
SIGNATURE .	Signature, hyped or printed name of registered age	on and this Kappicable (NO)	F Registers	ed Ager	nt signatura	e required when reinstating) DATE	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1D	DELETE	1.1 T	1.1 TITLE		PD Addition	
NAME	SUVAL, ROBERT		1.2 N	AME			
STREET ADDRESS	4304 FOUNTAINS DR		1.3 S	STREET	ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL			1.4 CITY-ST-ZIP			
TITLE	VD	DELETE		2.1 TITLE		Change Addition	
NAME	SCHLOSSBERG, WILLIAM			2.2 NAME			
STREET ADDRESS	4332 FOUNTAINS DR.			2.3 STREET ADDRESS			
1	LAKE WORTH FL			2.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	SD	DELETE		3.1 TITLE		Change Addition	
NAME	RIFKIN, MILTON			3.2 NAME			
STREET ADDRESS	4352 FOUNTAINS DR.			3.3 STREET ADDRES			
	LAKE WORTH FL			3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE	D D	DELETE		4.1 TITLE		Change Addition	
	EDELSTEIN, VICTORIA			4. 2 NAME			
NAME	4398 FOUNTAINS DRIVE			4.3 STREET ADDRESS			
STREET ADDRESS	LAKE WORTH FL						
CITY-ST-ZIP	D D	OELETE		4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition	
TITLE	MARGULIES, MADELYN	[] OLLL'IL		5.1 IIILE 5.2 NAME			
NAME	•				4000550		
STREET ADDRESS	4400 FOUNTAINS DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL	Tel never		5.4 CITY-ST-ZIP		The Change ► Addition	
TITLE	PD	DELETE		6.1 TITLE		LANGE BASSTER	
NAME	WEINER WILLIAM		B	6.2 NAME +f7		I a ser Could Think D.R.	
STREET ADDRESS	4406 FOUNTAINS DRIVE			6.3 STREET ADDRESS 44		4400 1 22469	
CITY-ST-ZIP	LAKE WORTH FL		5.4 (CITY - ST	T-ZIP	LAKE WORTH, FL 33467	

quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE:

561-964-3600