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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47073

1. Corporation Name

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

418831 - 90198 - 12



Principal Place of Business

4615 FOUNTAINS DR
LAKE WORTH FL 33467-5065
US

Mailing Address

4615 FOUNTAINS DR
LAKE WORTH FL 33467-5065
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

01/28/1992

4. FEI Number

59-1511440

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

POULETTE, DEBBIE
4615 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)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD DELETE
NAME SUVAL, ROBERT
STREET ADDRESS 4304 FOUNTAINS DR
CITY-ST-ZIP LAKE WORTH FL

TITLE VD DELETE
NAME SCHLOSSBERG, WILLIAM
STREET ADDRESS 4332 FOUNTAINS DR.
CITY-ST-ZIP LAKE WORTH FL

TITLE SD DELETE
NAME RIFKIN, MILTON
STREET ADDRESS 4352 FOUNTAINS DR.
CITY-ST-ZIP LAKE WORTH FL

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

TITLE D DELETE
NAME MARGULIES, MADELYN
STREET ADDRESS 4400 FOUNTAINS DR.
CITY-ST-ZIP LAKE WORTH FL

TITLE D DELETE
NAME CHESTER, HARRY
STREET ADDRESS 4408 FOUNTAINS DRIVE
CITY-ST-ZIP LAKE WORTH FL 33467

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/23/99

561-964-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)