

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47073

1. Entity Name

THE FOUNTAINS OF PALM BEACH CONDOMINIUM NO. 6, I

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90057 001 ****61.25

Principal Place of Business 4615 FOUNTAINS DR LAKE WORTH FL 33467-5065 US	Mailing Address 4615 FOUNTAINS DR LAKE WORTH FL 33467-4155 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1511440	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD -	<input type="checkbox"/> Delete
NAME	SUVAL, ROBERT	
STREET ADDRESS	4304 FOUNTAINS DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHLOSSBERG, WILLIAM	
STREET ADDRESS	4332 FOUNTAINS DR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIFKIN, MILTON	
STREET ADDRESS	4352 FOUNTAINS DR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDELSTEIN, VICTORIA	
STREET ADDRESS	4398 FOUNTAINS DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARGULIES, MADELYN	
STREET ADDRESS	4400 FOUNTAINS DR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHESTER, HARRY	
STREET ADDRESS	4408 FOUNTAINS DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4/17/2000** 561 964-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)