

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90366 044 \*\*\*\*61.25

**DOCUMENT # N47073**

1. Entity Name

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

Principal Place of Business

Mailing Address

4615 FOUNTAINS DR  
 LAKE WORTH FL 33467-5065  
 US\*

4615 FOUNTAINS DR  
 LAKE WORTH FL 33467-5065  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1511440**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

561 964-3600  
 Date Daytime Phone #

003/15/1

CRE037 (9/01)