

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90384 018 \*\*\*\*61.25



**DOCUMENT # N47073**  
Entity Name  
**THE FOUNTAINS OF PALM BEACH CONDOMINIUM NO. 6, INC.**

Principal Place of Business Mailing Address  
4615 FOUNTAINS DR 4615 FOUNTAINS DR  
LAKE WORTH FL 33467-5065 LAKE WORTH FL 33467-5065  
US US

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037: (11/03)

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**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<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 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	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROSS, MILTON	
STREET ADDRESS	4488 FOUNTAINS DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Levy, Edwin	
STREET ADDRESS	4336 Fountains Drive	
CITY-ST-ZIP	Lake Worth, FL 33467	
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:** \_\_\_\_\_ **3/30/04** **561-964-3600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #