


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90012 043 ****61.25

DOCUMENT # N47073							
1. Entity Name THE FOUNTAINS OF PALM BEACH CONDOMINIUM NO. 6, INC.							
Principal Place of Business 4615 FOUNTAINS DR SUITE B LAKE WORTH, FL 33467-5065 US		Mailing Address 4615 FOUNTAINS DR SUITE B LAKE WORTH, FL 33467-5065 US					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-1511440			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 SUITE B 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PDT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SUVAL, ROBERT	NAME					
STREET ADDRESS	4304 FOUNTAINS DR	STREET ADDRESS					
CITY-ST-ZIP	LAKE WORTH, FL	CITY-ST-ZIP					
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SCHLOSSBERG, WILLIAM	NAME					
STREET ADDRESS	4332 FOUNTAINS DR.	STREET ADDRESS					
CITY-ST-ZIP	LAKE WORTH, FL	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MARGULIES, MADELYN	NAME					
STREET ADDRESS	4400 FOUNTAINS DR.	STREET ADDRESS					
CITY-ST-ZIP	LAKE WORTH, FL	CITY-ST-ZIP					
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CHESTER, HARRY	NAME					
STREET ADDRESS	4408 FOUNTAINS DRIVE	STREET ADDRESS					
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP					
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	IRENE, CHESTER	NAME					
STREET ADDRESS	4408 FOUNTAINS DR	STREET ADDRESS					
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			1/22/08 561-964-3600 Date Daytime Phone #				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							