

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91181 035 \*\*\*\*61.25

**DOCUMENT # N47073**

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



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

Mailing Address  
**4615 FOUNTAINS DR  
LAKE WORTH FL 33467-5065  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1511440**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD**  Change  Addition  
NAME **ROSS, MILTON**  
STREET ADDRESS **4488 FOUNTAINS DR.**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

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 REQUIRED

CR2E037 (10/02)