

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Northrup  
Secretary of State  
1900 BANK OF AMERICA BUILDING  
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # 721903 (3)

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC.

APPROVED  
AND  
FILED

90 MAY -1 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

|                                                    |  |                                                    |  |                                                                                            |                                                                     |
|----------------------------------------------------|--|----------------------------------------------------|--|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1. Principal Place of Business                     |  | 2a. Mailing Address                                |  | 3. Date incorporated or Qualified                                                          | 3a. Date of Last Report                                             |
| 4615 S. FOUNTAINS DR.<br>LAKE WORTH FL 33467<br>US |  | 4615 S. FOUNTAINS DR.<br>LAKE WORTH FL 33467<br>US |  | 10/20/1971                                                                                 | 05/01/1994                                                          |
| 2. Principal Place of Business                     |  | 2a. Mailing Address                                |  | 4. FEI Number                                                                              | Applied For<br>Not Applicable                                       |
| 21                                                 |  | 26                                                 |  | 59-1579270                                                                                 |                                                                     |
| 22                                                 |  | 27                                                 |  | 5. Certificate of Status Desired                                                           | \$8.75 Additional<br>Fee Required                                   |
| 23                                                 |  | 28                                                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution                                  | \$5.00 May Be<br>Added to Fees                                      |
| 24                                                 |  | 29                                                 |  | 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status                                       | \$68.75 Supplemental<br>Fee Not Required                            |
| 25                                                 |  | 30                                                 |  | 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

POULETTE, DEBBIE  
4615 S. FOUNTAINS DRIVE  
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

|    |                                                    |
|----|----------------------------------------------------|
| 81 | Name                                               |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |                                                    |
| 84 | City                                               |
| 85 | Zip Code                                           |

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                |                   |
|----------------|-------------------|
| TITLE          | PD                |
| NAME           | RUDWICK, MARVIN   |
| STREET ADDRESS | 4355 TREVI COURT  |
| CITY, ST, ZIP  | LAKE WORTH FL     |
| TITLE          | VD                |
| NAME           | GREENHOLZ, SAMUEL |
| STREET ADDRESS | 4381 TREVI COURT  |
| CITY, ST, ZIP  | LAKE WORTH FL     |
| TITLE          | VD                |
| NAME           | RINGLER, HERMAN   |
| STREET ADDRESS | 4385 TREVI COURT  |
| CITY, ST, ZIP  | LAKE WORTH FL     |
| TITLE          | VD                |
| NAME           | GUGICK FREDRIC    |
| STREET ADDRESS | 4411 TREVI CT.    |
| CITY, ST, ZIP  | LAKE WORTH FL     |
| TITLE          | TD                |
| NAME           | MISCHEL, SEYMOUR  |
| STREET ADDRESS | 4347 TREVI COURT  |
| CITY, ST, ZIP  | LAKE WORTH FL     |
| TITLE          | VD                |
| NAME           | STERN ALFRED      |
| STREET ADDRESS | 4361 TREVI CT.    |
| CITY, ST, ZIP  | LAKE WORTH FL     |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                              |
|-------------------|------------------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME           |                                                                              |
| 13 STREET ADDRESS |                                                                              |
| 14 CITY, ST, ZIP  |                                                                              |
| 21 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                              |
| 23 STREET ADDRESS | 4381 TREVI COURT, #203                                                       |
| 24 CITY, ST, ZIP  |                                                                              |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |                                                                              |
| 33 STREET ADDRESS |                                                                              |
| 34 CITY, ST, ZIP  |                                                                              |
| 41 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                              |
| 43 STREET ADDRESS | 4411 TREVI CT., #305                                                         |
| 44 CITY, ST, ZIP  |                                                                              |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                                                                              |
| 53 STREET ADDRESS |                                                                              |
| 54 CITY, ST, ZIP  |                                                                              |
| 61 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                              |
| 63 STREET ADDRESS | 4345 TREVI CT., #207                                                         |
| 64 CITY, ST, ZIP  |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily prepared and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included in this annual report or supplementary annual reports 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 registered agent authorized to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

4/26/95

(407) 964-3600

721903

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC.ADDITIONAL OFFICERS AND DIRECTORS

TITLE SD  
NAME HANSEL, DANIEL  
STREET ADDRESS 4363 TREVI CT., #201  
CITY-ST-ZIP LAKE WORTH, FL

TITLE D  
NAME GAGLIARDUCCI, RITA  
STREET ADDRESS 4331 TREVI COURT  
CITY-ST-ZIP LAKE WORTH, FL

TITLE D  
NAME NELKIN, JULIAN  
STREET ADDRESS 4381 TREVI CT., #108  
CITY-ST-ZIP LAKE WORTH, FL

TITLE D  
NAME FELDSTEIN, JACK  
STREET ADDRESS 4409 TREVI COURT  
CITY-ST-ZIP LAKE WORTH, FL

TITLE D  
NAME LUCERINO, JOSEPH  
STREET ADDRESS 4393 TREVI CT., #104  
CITY-ST-ZIP LAKE WORTH, FL

TITLE D  
NAME KERR, WILLIAM  
STREET ADDRESS 4363 TREVI CT., #106  
CITY-ST-ZIP LAKE WORTH, FL

TITLE D  
NAME GANS, JEANNE  
STREET ADDRESS 4381 TREVI CT., #105  
CITY-ST-ZIP LAKE WORTH, FL

TITLE D  
NAME HOROWITZ, NINA  
STREET ADDRESS 4363 TREVI CT., #208  
CITY-ST-ZIP LAKE WORTH, FL

TITLE D  
NAME KRAMER, SEYMOUR  
STREET ADDRESS 4387 TREVI CT., #304  
CITY-ST-ZIP LAKE WORTH, FL