

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **761175** (9)
1. Corporation Name
THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO 9

Principal Place of Business Mailing Address
**(THE)
4615 S FOUNTAIN DRIVE
LAKE WORTH FL 33467-2065**

**4615 S. FOUNTAIN DR.
4615 S FOUNTAIN DRIVE
LAKE WORTH FL 33467-2065
US**

2. Principal Place of Business 2a. Mailing Address
21. Suite Apt # etc 26. Suite, Apt # etc
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

APPROVED AND FILED
COPY - 1 AM 8:43
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/18/1981** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2171993** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes 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 **FL** 85. Zip Code

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	FRANK, ALFRED
STREET ADDRESS	4681 FOUNTAIN DRIVE S. LAKE WORTH, FL 00000
CITY, ST, ZIP	
TITLE	PD
NAME	SOLOW, JOSEPH
STREET ADDRESS	4501 S. FOUNTAIN DR #106 LAKE WORTH, FL 00000
CITY, ST, ZIP	
TITLE	YD
NAME	LAUB, HYMAN
STREET ADDRESS	4681 FOUNTAIN DR. S #213 LAKE WORTH, FL 00000
CITY, ST, ZIP	
TITLE	SD
NAME	BINSTOCK, SYLVIA
STREET ADDRESS	4657 FOUNTAIN DR. S #208 LAKE WORTH FL
CITY, ST, ZIP	
TITLE	D
NAME	GRAY, WALDO
STREET ADDRESS	4657 FOUNTAINS DRIVE S. #103 LAKE WORTH FL
CITY, ST, ZIP	
TITLE	D
NAME	MEISNER YETTA
STREET ADDRESS	4661 FOUNTAINS DRIVE SO. 209 LAKE WORTH FL
CITY, ST, ZIP	

Other Director Attached

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	4661 FOUNTAINS DR. SO. #113
14. CITY, ST, ZIP	LAKE WORTH, FL
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<i>Joseph Solow</i>
23. CITY, ST, ZIP	LAKE WORTH, FL
24. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
25. CITY, ST, ZIP	LAKE WORTH, FL
26. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. CITY, ST, ZIP	
28. CITY, ST, ZIP	
29. CITY, ST, ZIP	
30. CITY, ST, ZIP	
31. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. CITY, ST, ZIP	
33. CITY, ST, ZIP	
34. CITY, ST, ZIP	
35. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. CITY, ST, ZIP	
37. CITY, ST, ZIP	
38. CITY, ST, ZIP	
39. CITY, ST, ZIP	
40. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver, trustee, or liquidator empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, in full or on an attachment with my address.

SIGNATURE: *Joseph Solow, President* 4/26/95 407 965 7046
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
Joseph Solow

761175

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO. 9

ADDITIONAL OFFICERS AND DIRECTORS

TITLE	D
NAME	FRANK, FRANCINE
STREET ADDRESS	4661 FOUNTAINS DRIVE SOUTH, #113
CITY-ST-ZIP	LAKE WORTH, FL