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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 725568

(0)

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO . 5

Principal Place of Business

Mailing Address

4615 S. FOUNTAINS DR

4615 S. FOUNTAINS DR.



Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Ci		1 FL 33467-2065	LAKE WORTH FL 3346			
Superagraphic Superagraphi	US		US		02/16/1973	
Sure, Apt. 9, etc. Sure, Apt. 9, etc.				- 1		Applied For
Cry & State Cry & State C	21 46 15	FOUNTAINS DR.	26 4615 FUY	NTAINS DR.	59-1723300	Not Applicable
26	Suite, Apt. :	#, etc.	——————————————————————————————————————		5. Certificate of Status Desired	1 1 '
28	City & State)	⊢ ·			11 ' 1
9. Name and Address of Current Registered Agent	Zip	Country	Zip	Country	8. This corporation has liability for in-	angible tax under s. 199.032,
POULETTE, DEBBIE 4615 S. FOUNTAIN DRIVE LAKE WORTH FL 33467 Salar Supre Address (P.O. Box Number is Not Acceptable)	24			30		
POULETTE, DEBBIE		9. Name and Address of Current	Registered Agent		10. Name and Address of New Re-	gisteréd Agent
SA				1 1 17010		
SA				82 Street Add	dress (P.O. Box Number is Not Acceptable	b
The provisions of Sections 617.0502 and 617.1508, Royala Statutes, the above named corporation submits this statement for the purpose of changing its registered office or digistered agent, or both, in the State of Forcids Such change was authorized by the corporation's board of directors. I hereby accept the supportment as registered agent, in an authorized agent, or both, in the State of Forcids Such change was authorized by the corporation's board of directors. I hereby accept the supportment as registered agent. I am a corporation agent for both, in the State of Forcids Such change was authorized by the corporation's board of directors. I hereby accept the supportment as registered agent. I am a corporation agent for both in the State of Forcids Such change was authorized by the corporation's board of directors. I hereby accept the supportment as registered office or directors. I hereby accept the supportment as registered office or directors. I hereby accept the supportment as registered office or directors. I hereby accept the supportment as registered office or directors. I hereby accept the supportment as registered office or directors. I hereby accept the supportment as registered office or directors. I hereby accept the supportment as registered office or directors. I hereby accept the supportment as registered office or directors. I hereby accept the supportment as registered office or board of directors. I hereby accept the supportment as registered office or board of directors. I hereby accept the supportment as registered office or board of directors. I hereby accept the supportment as registered office or board of directors. I hereby accept the supportment as registered office or board of directors. I hereby accept the supportment as registered office or board of directors. I hereby accept the supportment as registered office or directors. I hereby accept the supportment as registered agent. I am a construction of directors. I hereby accept the supportment as registered agent. I am a constructio					FUUNIAINS UN	**
The provisions of Sections 617.0502 and 617.1508. 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 office formalized with collaptions of Section 617.0503, Florida Statutes SIGNATURE SIGNATU	DAVE 41	UNIN FL 3340/		B4 City		85 Zip Code
or registered agent, or both, in the State of Florids. 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 617.0503, Florida Statutes. Signature Symbol Promise name chapaters agent and their displaces. PNO'1. Progretion's Board of directors. I hereby accept the appointment as registered agent. I am familiar with a special point and their displaces. PNO'1. Progretion's Board of directors. I hereby accept the appointment as registered agent. I am familiar with a special point and their displaces. PNO'1. Progretion's Board of directors. I hereby accept the appointment as registered agent. I am familiar with a special point and application.				[57],		FL S S S S S S S S S S S S S S S S S S
12	 Pursuant t or register familiar with 	to the provisions of Sections 617.0502 a ed agent, or both, in the State of Florida th, and accept the obligations of, Sectio	and 617.1508, Florida Statut a. Such change was authoriz in 617.0503, Florida Statutes	es, the above-named corpored by the corporation's book.	oration submits this statement for the purp ard of directors. I hereby accept the appoil	ose of changing its registered office intrant as registered agent. I am
NAME	SIGNATURE	Signature, typed or printed name of registered agent ar	od title if applicable (NC	D*E. Registered Agent signature requir	red when reinstating)	DATE
NAME	12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	FRS AND DIRECTORS IN 12
NAME	TITLE	VD	☐ DELETE	1.7 TITLE		☐ Change ☐ Addition 😌
NAME	NAME	TAYLOR DR. ALAN		1.2 NAMÉ		37
NAME	STREET ADDRESS	4254 DESTE CT. 307		1.3 STREET ADDRESS		. ဋိ
NAME		LAKE WORTH FL			*****	
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TITLE						
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14. I do bereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07/3/ki. Florida Statutes Lifurther				1]
	CiTY-ST-ZiP	LAKE WOKIN FL	ith this filing is voluntarily for	ished an does not qualify	for the exemption stated in Section 110.0	7(31/k) Florida Statutes Lfurther

red that the information indicated on this annual perfect is supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: