

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 723672 (2)

1. Corporation Name

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO  
. 4



Principal Place of Business

Mailing Address

4615 FOUNTAINS DR.  
LAKE WORTH FL 33467-2065  
US

4615 S. FOUNTAINS DR.  
LAKE WORTH FL 33467-2065  
US

3. Date Incorporated or Qualified  
06/15/1972

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 4615 FOUNTAINS DR.

26 4615 FOUNTAINS DR.

4. FEI Number  
59-1511441

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4615 FOUNTAINS DR.

83

84 City

FL

85 Zip Code

11. Pursuant to 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SEGAL ROBERT L.  
STREET ADDRESS 4835 ESEDRA COURT  
CITY-ST-ZIP LAKE WORTH FL ☒ DELETE

TITLE SVD  
NAME CANTER, MARY  
STREET ADDRESS 4822 ESEDRA CT 201  
CITY-ST-ZIP LAKE WORTH, FL 00000 ☐ DELETE

TITLE PTD  
NAME DOMBROWSKY, NORMAN  
STREET ADDRESS 4805 ESEDRA COURT  
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

TITLE VD  
NAME HIRSCH, SEYMOUR  
STREET ADDRESS 4803 ESEDRA COURT  
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

TITLE D  
NAME WERKSMAN, MILTON  
STREET ADDRESS 4801 ESEDRA COURT #106  
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

TITLE D  
NAME SLOVIN, ETHEL  
STREET ADDRESS 4801 ESEDRA CT., #208  
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D LERNER, ROBERT ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS 4822 ESEDRA COURT #104  
1.4 CITY-ST-ZIP LAKE WORTH, FL 33467

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman Dombrowsky

Date

Daytime Phone #

4/8/96 (407) 964-3600

CR2E037 (12/95)