

# 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 # 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

3. Date Incorporated or Qualified  
**12/18/1981**

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

2. Principal Place of Business  
21 **4615 FOUNTAINS DR.**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **4615 FOUNTAINS DR.**  
Suite, Apt. #, etc.

4. FEI Number  
**59-2171993**

Applied For  
Not Applicable

22 City & State

27 City & State

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

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

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POULETTE, DEBBIE**  
**4815 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 state if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANK, ALFRED			1.2 NAME			
STREET ADDRESS	4661 FOUNTAINS DR. SO., #113			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 00000			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOLOW, JOSEPH			2.2 NAME			
STREET ADDRESS	4501 S. FOUNTAIN DR #106			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 00000			2.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAUB, HYMAN			3.2 NAME	ROTHSCHILD, BERT		
STREET ADDRESS	4661 FOUNTAIN DR. S #213			3.3 STREET ADDRESS	4501 SO. FOUNTAIN DR. #105		
CITY-ST-ZIP	LAKE WORTH, FL 00000			3.4 CITY-ST-ZIP	LAKE WORTH, FL 33467		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BINSTOCK, SYLVIA			4.2 NAME			
STREET ADDRESS	4657 FOUNTAIN DR. S #208			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRAY, WALDO			5.2 NAME	ENGER, HARRIET		
STREET ADDRESS	4657 FOUNTAINS DRIVE S. #103			5.3 STREET ADDRESS	4657 FOUNTAIN DR. SO. #105		
CITY-ST-ZIP	LAKE WORTH FL			5.4 CITY-ST-ZIP	LAKE WORTH, FL 33467		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MEISNER YETTA			6.2 NAME	DONAHUE, LARRY		
STREET ADDRESS	4661 FOUNTAINS DRIVE SO. 209			6.3 STREET ADDRESS	4661 FOUNTAIN DR. SO. #111		
CITY-ST-ZIP	LAKE WORTH FL			6.4 CITY-ST-ZIP	LAKE WORTH, FL 33467		

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, unchanged, or on an attachment with an address.

SIGNATURE:

*Alfred Frank*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Alfred Frank**

**4/9/96 (407) 964-3600**  
Date Daytime Phone #

CR2E037 (12/95)