

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

2. Principal Place of Business 2a. Mailing Address
21 **4615 FOUNTAINS DR.** 26 **4615 FOUNTAINS DR.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
POULETTE, DEBBIE 4815 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) **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 _____ (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, if changed, or on an attachment with an address.

SIGNATURE: Alfred Frank **Alfred Frank** 4/9/96 (407) 964-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)