FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name 721903

(3)

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC.

THE FOOTTAINS OF FALM BEAGIT COMBONINGING INC.					
Principal Place of Business		Mailing Address			
4615 S. FOUTAINS DR. LAKE WORTH FL 33467 US		4615 S. FOUNTAINS DR. LAKE WORTH FL 33467 US			
				3. Date Incorporated or Qualified 10/20/1971	3a. Date of Last Report 05/01/1995
2. Principal Place of Business 21 46/5 FOUNTAINS DR.		2a. Mailing Address 26 46/5 FOUA	ITAINS JR.	4. FEI Number 59-1579270	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Count y	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24	25	29	30	·	☐ Yes TX No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
B1 Name					
POULETTE, DEBBIE			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
4615 S. FOUNTAINS DRIVE			4615	FOUNTAINS DR.	
LAKE W	ORTH FL 33467		63		
			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. Thereby 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 applicance (NOTE Registered Agent signature required when renetating) OATE					
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PD	☐ D€LETE	11 TIFLE		Change Addition
NAME	RUDWICK, MARVIN		1.2 NAMI		
STREET ADDRESS	4355 TREVI COURT		13 STRE 1 ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	Dotter	14 CITY ST-ZiP		
TITLE	VD COTTONIA CANTIE	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	GREENHOLZ, SAMUEL		2 2 NAMI		
STREET ADDRESS	4381 TREVI COURT #203		2.3 STRE 1 ADDRESS		
CITY-ST-ZIP TITLE	LAKE WORTH FL	\ \DELETE	2 4 C(TY ST-Z)P		Change C Addition
NAME	RINGLER, HERMAN	Diocecur	3 1 TITLE		Change Addition
STREET ADDRESS	4385 TREVI COURT		3 2 NAMI		
CITY-ST-ZIP	LAKE WORTH FL		3 3 STRE-T ADDRESS		
TITLE	VD	DELETE	3.4 CITY -SI - 7IP 4.1 TITLE		Change Addition
NAME	GUGICK FREDRIC		4 2 NAME		
STREET ADDRESS	4411 TREVI CT., #305		4.3 STRE-T ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY ST-ZIP		
TITLE	TD	DELETE	51 TITLE		Change Addition
NAME	MISCHEL, SEYMOUR		5 2 NAM!		- Land
STREET ADDRESS	4347 TREVI COURT		5.3 STRE-T ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		5 4 CITY ST-ZIP		
TITLE	VD	DELETE	61 TIFLE		Change Addition
NAME	STERN ALFRED		6 2 NAMI		
STREET ADDRESS	4345 TREVI CT., #207		6.3 STRE-T ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL //		6 4 CITY ST-ZIP		
14. I do hereby	certify that the information supplied v	vith this filing is voluntarily furni	shed and does not qualify f	or the exemption stated in Section 119.	07(3)(k), Florida Statutes, Lfurther

certify that the information indicated enthis annual report or curplemental 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 of trusture empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 33 if grangest or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OF DIRECTOR MOVIN RICHWICK 4/3/96 (407)964-3600