

# 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 # 729070 (3)**  
1. Corporation Name  
**THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO 7**



Principal Place of Business

Mailing Address

**4615 FOUNTAINS DR.  
LAKE WORTH FL 33467  
US**

**4615 S FOUNTAINS DR.  
LAKE WORTH FL 33467  
US**

3. Date Incorporated or Qualified  
**03/14/1974**

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  
**59-1577287**

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **MERMELSTEIN, BEN**  
CITY-ST-ZIP **4090 TIVOLI CT. #302  
LAKE WORTH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **KANDALL, JOSEPH**  
CITY-ST-ZIP **4110 TIVOLI CT 207  
LAKE WORTH, FL 00000**

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

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **GOLDBERG, ROBERT**  
CITY-ST-ZIP **4130 TIVOLI CT. #104  
LAKE WORTH, FL 00000**

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

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **MINTZER, DAVID**  
CITY-ST-ZIP **4070 TIVOLI CT. #106  
LAKE WORTH FL**

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

TITLE ☒ DELETE  
NAME **VD**  
STREET ADDRESS **STRAUSS, MILDRED**  
CITY-ST-ZIP **4110 TIVOLI CT. 304  
LAKE WORTH FL**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **VD**  
5.3 STREET ADDRESS **SORIN, ROBERT**  
5.4 CITY-ST-ZIP **4130 TIVOLI COURT # 203  
LAKE WORTH, FL 33467**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **MONTELEONE, SAL**  
CITY-ST-ZIP **4100 TIVOLI CT., #104  
LAKE WORTH FL**

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

**4/4/96**

**(407) 964-3600**

CR2E037 (12/95)