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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33467-5065
US

3. Date Incorporated or Qualified
03/14/1974

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number
59-1577287

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POULETTE, DEBBIE
4615 FOUNTAINS DRIVE
LAKE WORTH FL 33467

81 Name

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

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

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

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

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME TD
2.3 STREET ADDRESS MAX POLLOCK
4110 TIVOLI CT. APT. 107
2.4 CITY - ST - ZIP LAKE WORTH, FL 33467

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

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

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

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

TITLE VD ☐ DELETE
NAME SORIN, ROBERT
STREET ADDRESS 4130 TIVOLI COURT, #203
CITY - ST - ZIP LAKE WORTH FL

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

TITLE D ☐ DELETE
NAME MONTELEONE, SAL
STREET ADDRESS 4100 TIVOLI CT., #104
CITY - ST - ZIP 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/18/97

Date

561-964-3600

Daytime Phone # 0043996

CR2E037 (9/96)