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FILED

May 01 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 723672 (2)

1. Corporation Name

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO  
. 4

Principal Place of Business

4615 FOUNTAINS DR.  
LAKE WORTH FL 33467-2065  
US

Mailing Address

4615 FOUNTAINS DR.  
LAKE WORTH FL 33467-4155  
US

3. Date Incorporated or Qualified

06/15/1972

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City &amp; State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

59-1511441

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

POULETTE, DEBBIE  
4615 FOUNTAINS DR.  
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETENAME LERNER, ROBERT  
STREET ADDRESS 4822 ESEDRA COURT #104  
CITY-ST-ZIP LAKE WORTH FL 33467TITLE SVD ☐ DELETENAME CANTER, MARY  
STREET ADDRESS 4822 ESEDRA CT 201  
CITY-ST-ZIP LAKE WORTH FLTITLE PTD ☐ DELETENAME DOMBROWSKY, NORMAN  
STREET ADDRESS 4805 ESEDRA COURT  
CITY-ST-ZIP LAKE WORTH FLTITLE VD ☐ DELETENAME HIRSCH, SEYMOUR  
STREET ADDRESS 4803 ESEDRA COURT  
CITY-ST-ZIP LAKE WORTH FLTITLE D ☒ DELETENAME WERKSMAN, MILTON  
STREET ADDRESS 4801 ESEDRA COURT #108  
CITY-ST-ZIP LAKE WORTH FLTITLE D ☐ DELETENAME SLOVIN, ETHEL  
STREET ADDRESS 4801 ESEDRA CT., #208  
CITY-ST-ZIP LAKE WORTH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 of 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

4/24/97

Date

561-964-3600

Daytime Phone # 0044014

CP2E037 (9/96)