## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 731853

(8)

## FOUNTAINS CONDOMINIUM OPERATIONS, INC.

FOUNTAINS CONDOMINIUM OPERATIONS, INC.											
Principal Place of Business		Mailing Address				E SEDEJO DEBUG (FO) DOBE DANS BOLDE I	ELI BIBIT BIBII	MEDIT MENEL A	\$		
4615 FOUNTAIN LAKE WORTH F US		4615 FOUNTAINS DR LAKE WORTH FL 33467-4 US	155				Date Incorporated or Qualified	las Dota	of Last R		
							02/10/1975		4/26/19		
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number			plied For	
21		26					59-1570954			t Applicable	
Suite, Apt.:	#, eic.	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State	3	City & State					6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution		Added		
Zip	Country	Zip	<b></b>	intry			B. This corporation has liability for in			. 199.032,	
24	25	29	30				Florida Statutes L.  10. Name and Address of New Reg	Yes 🔲			
	9. Name and Address of Curr	ent Hegistered Agent		81	Name	_ <u>-</u>	10. Name and Address of New Rec	istered A	ent		
DOLU CT	TC DEODIC										
POULETTE, DEBBIE 4615 FOUNTAINS DR					Street A	Address	iss (P.O. Box Number is Not Acceptable)				
	ORTH FL 33467			83	· · · · · · · · · · · · · · · · · · ·						
				84	City			FI	<b>65</b> Zip	Code	
dd Dwynwydd	to the pentitions of Cooling 617 O	EOO and E17 1E00 Elorida Clat.	ton the el	2012	nnmad	0000000	tion as horize this statement for the p		hanging i	a saciatored	
office or re	egistered agent, or both, in the Sta	ite of Florida. Such change was	authorize	d by	the corp	oration	ation submits this statement for the pi 's board of directors. I hereby accep	t the appoi	ntment as	registered	
agent. I ai	m lamiliar with, and accept the obl	igations of, Section 617.0503, F	lorida Stat	utes						•	
SIGNATURE	Signature typed or printed name of registered r	speril and title if applicable. (NO	TE: Begistere	d Ager	ni sionatura	required w	when reinstating)	DATE	<del></del>		
12,		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	
TITLE	VD	DELETE		1.1 TITLE				L	Change	Addition	
NAME	RUDWICK, MARVIN		1.2 N	AME	Ì						
STREET ADDRESS	4355 TREVI COURT		1.3 \$	TREET.	ADDRESS						
CITY-ST-ZIP	LAKE WORTH FL		1.4 C	ITY-51	- ZIP						
YITLE	VD	DELETE	2.1 11	2.1 TITLE					Change	☐ Addition	
NAME	STEINBERG, NATHAN		2.2 N	AME			·				
STREET ADDRESS	5279 FOUNTAINS DR S. 20	)5	238	TREET	ADDRESS						
CITY-ST-ZIP	LAKE WORTH FL		2.40	IIY-S	T-ZIP			-			
TITLE	VD	☐ DELETE	3.1 TI	TLE				Τ.	Change	Addition	
NAME	HOLTZER, BERNARD		32 N	AME	l						
STREET ADDRESS	5326 FOUNTAINS DR. S		3.3 S	TREET	address						
CITY - ST - ZIP	LAKE WORTH FL			ITY-S	T-ZIP				T 4.		
TITLE	PD	[_] DELETE	4.1 Ti					Ĺ	Change	Addition	
NAME	KRIEGER, HERBERT	N 800	4.2 N								
STREET ADDRESS	5257 FOUNTAIN DRIVE S.,	<b>#</b> 705			address						
CITY-ST-ZIP	LAKE WORTH FL	EZ DELETE		17Y-S1	$\longrightarrow$			т	Change	No. a deliberar	
11TLE	SD DALIGUMAAN ALEBED I	<b>⋈</b> DELETE	5.1 1			5D	COT LAMBERT	Ļ	Change	Addition	
NAME	RAUCHMAN, ALFRED J.		5.2 N			1400	ERT LAMBERT 14-102 D'ESTE COURT EWORTH, FL 33469	-			
STREET ADDRESS	6933 FOUNTAINS CIRCLE				address	433	5 39467				
CITY-ST-ZIP	LAKE WORTH FL	DELETE		ITY - 51	- ZIP	MIK	c working , - or in		Change	Addition	
TITLE	TD	FT hereit	5.1 TO					L	Ti Arieniña	L.J ADDRION	
NAME :	MANFORD, BERNARD		6.2 N		4000500						
STREET ADDRESS	6688 PALERMO WAY		6.3 \$	INTE	ADDRESS						

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 ochanged, or on an attachment with an address.

SIGNATURE

NATURE AND TYPED OR PRIVED NAME OF SIGNING OFFICER OR QUECTOR

4/17/97

561-964-3600

**FILED** 

May 07 1997 8:00am

Secretary of State