

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722731 (7)
1. Corporation Name
FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO.3



Principal Place of Business 4615 FOUNTAINS DR LAKE WORTH FL 33467 US	Mailing Address 4615 S. FOUNTAINS DR. LAKE WORTH FL 33467-5065 US
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3. Date Incorporated or Qualified 02/21/1972	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	4. FEI Number 59-1511910 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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)	83	84 City	85 Zip Code
			FL	

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	TD	<input type="checkbox"/> DELETE
NAME	YOUNGER, BEN	
STREET ADDRESS	4485 LUXEMBURG CT. #201	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KATZ, RHODA	
STREET ADDRESS	4483 LUXEMBURG CT #305	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DANTZIG, ARTHUR	
STREET ADDRESS	4453 LUXEMBURG CT.	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHOTTENFELD, DAVID	
STREET ADDRESS	4489 LUXEMBURG CT., #206	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SOYKA, FRED	
STREET ADDRESS	4487 LUXEMBURG CT.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, GERALD	
STREET ADDRESS	4539 LUXEMBURG CT., #203	
CITY-ST-ZIP	LAKE WORTH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 was not qualified 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 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 or person authorized 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 if I am a new officer or director.

SIGNATURE

SIGNATURE

SIGNATURE

4/18/97

CP2E037 (9/96)