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

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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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.<br>LAKE WORTH FL 33467<br>US | 4615 S FOUNTAINS DR.<br>LAKE WORTH FL 33467<br>US |

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

POULETTE, DEBBIE
4615 FOUNTAINS DRIVE
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MERMELSTEIN, BEN<br>4090 TIVOLI CT. #302<br>LAKE WORTH FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PD<br>WILLARD SCHAEFFER<br>4090 TIVOLI CT. APT 303<br>LAKE WORTH, FL 33467 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>POLLOCK, MAX<br>4110 TIVOLI CT., APT 107<br>LAKE WORTH, FL 00000 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>GOLDBERG, ROBERT<br>4130 TIVOLI CT.,#104<br>LAKE WORTH,FL 00000 | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | VD<br>CAROLYN GAUTHIER<br>4130 TIVOLI CT. APT. 306<br>LAKE WORTH, FL 33467 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MINTZER, DAVID<br>4070 TIVOLI CT. #106<br>LAKE WORTH FL | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | SD<br>LAURENCE BLOCK<br>4090 TIVOLI CT. #108<br>LAKE WORTH, FL 33467 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>SORIN, ROBERT<br>4130 TIVOLI COURT, #203<br>LAKE WORTH FL | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | D<br>AVERY LEINSON<br>4100 TIVOLI CT. #103<br>LAKE WORTH, FL 33467 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MONTELEONE, SAL<br>4100 TIVOLI CT., #104<br>LAKE WORTH FL | ☒ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | D<br>Leon Chikofsky<br>4110 Tivoli Ct. #106<br>Lake Worth, FL. 33467 | ☐ Change ☒ Addition |

14. I 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:** William Schaeffer PRESIDENT 4/17/98 561-964-3600

CR2E037 (10/97)