


4-28-98 B 5820 C
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FILED
 Apr 28 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761175 (9)

1. Corporation Name
THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO . 9



Principal Place of Business		Mailing Address	
4615 FOUNTAINS DR 4615 S FOUNTAIN DRIVE LAKE WORTH FL 33467-2065 US		4615 FOUNTAINS DR 4615 S FOUNTAIN DRIVE LAKE WORTH FL 33467-2065 US	
2. Principal Place of Business	2a. Mailing Address	21	28
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	26
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified
12/16/1981

4. FEI Number
59-2171993

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

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

01	Name
02	Street Address (P.O. Box Number is Not Acceptable)
03	
04	City
05	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VD
NAME	FRANK, ALFRED	1.2 NAME	
STREET ADDRESS	4661 FOUNTAINS DR. SO., #113	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	SOLOW, JOSEPH	2.2 NAME	
STREET ADDRESS	4501 S. FOUNTAIN DR #106	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	PD
NAME	ROTHSCHELD, BERT	3.2 NAME	
STREET ADDRESS	4501 SO FOUNTAIN DR #105	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	SD
NAME	BINSTOCK, SYLVIA	4.2 NAME	
STREET ADDRESS	4857 FOUNTAIN DR. S #208	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	D
NAME	ENGEL, HARRIET	5.2 NAME	RUBY PLUSHNER
STREET ADDRESS	4657 FOUNTAIN DR SO #105	5.3 STREET ADDRESS	4657 FOUNTAINS DR. S. # 205
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	TD	6.1 TITLE	
NAME	DONAHUE, LARRY	6.2 NAME	
STREET ADDRESS	4661 FOUNTAIN DR SO #111	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	6.4 CITY-ST-ZIP	

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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: *[Signature]* 4/21/98 561-964-3600

CFR2037 (10/97)