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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731853

1. Corporation Name
FOUNTAINS CONDOMINIUM OPERATIONS, INC.

Principal Place of Business	Mailing Address
4615 FOUNTAINS DR LAKE WORTH FL 33467-2065 US	4615 FOUNTAINS DR LAKE WORTH FL 33467-2065 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
02/10/1975

4. FEI Number
59-1570954
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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	VD	☒ DELETE	1.1 TITLE	VD	☐ Change ☐ Addition
NAME	RUDWICK, MARVIN		1.2 NAME	BERT ROTHSCHILD	
STREET ADDRESS	4355 TREVI COURT		1.3 STREET ADDRESS	4501 FOUNTAINS DR. S., APT. 105	
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VD	☐ DELETE	2.1 TITLE	TSD	☒ Change ☐ Addition
NAME	STEINBERG, NATHAN		2.2 NAME		
STREET ADDRESS	5279 FOUNTAINS DR S. 205		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOLTZER, BERNARD		3.2 NAME		
STREET ADDRESS	5326 FOUNTAINS DR. S		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ZUCKERMAN, LOUIS		4.2 NAME		
STREET ADDRESS	6864 PARISIAN WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	LAMBERT, ROBERT		5.2 NAME		
STREET ADDRESS	4254-102 DE'ESTE COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MANFORD, BERNARD		6.2 NAME		
STREET ADDRESS	6688 PALERMO WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)