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Apr 23, 1999 8:00 am  
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04-23-1999 90090 019 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 758734

1. Corporation Name

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO  
. 8

Principal Place of Business

4615 FOUNTAINS DR  
LAKE WORTH FL 33467  
US

Mailing Address

4615 FOUNTAINS DR  
LAKE WORTH FL 33467  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

06/12/1981

4. FEI Number

59-2162771

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

9. Name and Address of Current Registered Agent

POULETTE, DEBBIE  
4615 FOUNTAINS DR.  
LAKE WORTH, FL 33467

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

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 SD  
NAME MARK, HAROLD  
STREET ADDRESS 4702 SOUNTAIN DR S. 303  
CITY-ST-ZIP LAKE WORTH FL

☒ DELETE

TITLE PD  
NAME SLOAN, STANLEY  
STREET ADDRESS 4742 FOUNTAINS DE SO  
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE TD  
NAME MILLER, MEYER  
STREET ADDRESS 6781 VERSAILLES CT.  
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE VD  
NAME STEIN, ISAAC B  
STREET ADDRESS 6716 VERSAILLES COURT  
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE VD  
NAME HONIG, DONALD  
STREET ADDRESS 4750 FOUNTAINS DRIVE SOUTH  
CITY-ST-ZIP LAKE WORTH FL

☒ DELETE

TITLE D  
NAME KATZ, IRVING  
STREET ADDRESS 6708 VERSAILLES COURT  
CITY-ST-ZIP LAKE WORTH FL

☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

SD  
DR. ABRAM HUBAL  
4702 VERSAILLES CT., APT. 107  
LAKE WORTH, FL 33467

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE

4/15/99

561-964-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)