

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90114 044 \*\*\*\*61.25

DOCUMENT # 721948

1. Corporation Name

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO

1

Principal Place of Business

4615 FOUNTAINS DRIVE  
LAKE WORTH FL 33467  
US

Mailing Address

4615 FOUNTAINS DRIVE  
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

10/27/1971

4. FEI Number

59-1534354

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

10. Name and Address of New Registered Agent

POULETTE, DEBBIE  
4615 FOUNTAINS DRIVE  
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 PD  
NAME GRUNDFAST, SAMUEL  
STREET ADDRESS 4500 GEFION CT, #205  
CITY-ST-ZIP LAKE WORTH, FL 00000

☐ DELETE

TITLE TD  
NAME RUSSO, PEARL  
STREET ADDRESS 4500 GEFION CT #304  
CITY-ST-ZIP LAKE WORTH, FL 00000

☐ DELETE

TITLE SD  
NAME SCHWARTZ, MURIEL  
STREET ADDRESS 4500 GEFION CT #102  
CITY-ST-ZIP LAKE WORTH, FL 00000

☒ DELETE

TITLE VD  
NAME SUSSMAN, GINA  
STREET ADDRESS 4500 GEFION CT #302  
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE D  
NAME ARRON, JEFFREY  
STREET ADDRESS 4500 GEFION CT 104 + 105  
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE D  
NAME SOFFER, PAUL  
STREET ADDRESS 4500 GEFION CT #301  
CITY-ST-ZIP LAKE WORTH FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

561-964-3600

Date

Daytime Phone #

CR2E037 (11/98)