

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 045 ****61.25

DOCUMENT # 729070

1. Corporation Name

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO
. 7

Principal Place of Business

4615 FOUNTAINS DR.
LAKE WORTH FL 33467
US

Mailing Address

4615 S FOUNTAINS DR.
LAKE WORTH FL 33467
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

30

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

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

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 SCHAEFFER, WILLARD
STREET ADDRESS 4070 TIVOLI CT APT 303
CITY-ST-ZIP LAKE WORTH FL 33467

☒ DELETE

TITLE TD
NAME POLLOCK, MAX
STREET ADDRESS 4110 TIVOLI CT., APT 107
CITY-ST-ZIP LAKE WORTH, FL 00000

☐ DELETE

TITLE VD
NAME AUTHIER, CAROLYM
STREET ADDRESS 4130 TIVOLI CT APT 306
CITY-ST-ZIP LAKE WORTH, FL 00000 33467

☒ DELETE

TITLE SD
NAME BLOCK, LAURENCE
STREET ADDRESS 4090 TIVOLI CT #108
CITY-ST-ZIP LAKE WORTH FL 33467

☐ DELETE

TITLE D
NAME LEINSON, AVERY
STREET ADDRESS 4100 TIVOLI CT #103
CITY-ST-ZIP LAKE WORTH FL 33467

☒ DELETE

TITLE D
NAME CHIKOFSKY, LEON
STREET ADDRESS 4110 TIVOLI CT #106
CITY-ST-ZIP LAKE WORTH FL 33467

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME LLOYD SEMANS
1.3 STREET ADDRESS 4130 TIVOLI CT., APT. 108
1.4 CITY-ST-ZIP 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 VD
3.2 NAME STUART RATNER
3.3 STREET ADDRESS 4080 TIVOLI CT., APT. 103
3.4 CITY-ST-ZIP LAKE WORTH, FL 33467

☐ Change

☒ Addition

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

☐ Change

☐ Addition

5.1 TITLE VD
5.2 NAME JOAN MONTELEONE
5.3 STREET ADDRESS 4100 TIVOLI CT., APT. 104
5.4 CITY-ST-ZIP LAKE WORTH, FL 33467

☐ Change

☒ Addition

6.1 TITLE D
6.2 NAME MAX WERNICK
6.3 STREET ADDRESS 4090 TIVOLI CT., APT. 308
6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99 561-964-3600

CR2E037 (11/98)