

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729070

1. Entity Name

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90092 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4615 FOUNTAINS DR.  
LAKE WORTH FL 33467  
US

4615 S FOUNTAINS DR.  
LAKE WORTH FL 33467  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1577287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POULETTE, DEBBIE  
4615 FOUNTAINS DRIVE  
LAKE WORTH FL 33467

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SEMANS, LLOYD	
STREET ADDRESS	4130 TIVOLI CT APT 108	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	POLLOCK, MAX	
STREET ADDRESS	4110 TIVOLI CT., APT 107	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RATNER, STUART	
STREET ADDRESS	4080 TIVOLI CT APT 103	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLOCK, LAURENCE	
STREET ADDRESS	4090 TIVOLI CT #108	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MONTELEONE, JOAN	
STREET ADDRESS	4100 TIVOLI CT APT 104	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WERNICK, MAX	
STREET ADDRESS	4090 TIVOLI CT APT 308	
CITY-ST-ZIP	LAKE WORTH FL 33467	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWBURG, HARRY	
STREET ADDRESS	4120 TIVOLI CT, APT. 203	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

561 964.3600

Daytime Phone #

CR2E037 (9/99)