

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90008 015 ****61.25

DOCUMENT # 761175

1. Entity Name

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO

Principal Place of Business

Mailing Address

4615 FOUNTAINS DR
~~4615 S FOUNTAIN DRIVE~~
 LAKE WORTH FL 33467-2065
 US

4615 FOUNTAINS DR
~~4615 S FOUNTAIN DRIVE~~
 LAKE WORTH FL 33467-2065
 US

6 4 4 6 3 5



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2171993

Applied For

Not Applicable

Zip

Country

Zip

Country

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 DR
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	VD	<input type="checkbox"/> Delete
NAME	FRANK, ALFRED	
STREET ADDRESS	4661 FOUNTAINS DR. SO., #113	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOLOW, JOSEPH	
STREET ADDRESS	4501 S. FOUNTAIN DR #106	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROTHSCHELD, BERT	
STREET ADDRESS	4501 SO FOUNTAIN DR #105	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BINSTOCK, SYLVIA	
STREET ADDRESS	4657 FOUNTAIN DR. S #208	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLUSHNER, RUBY	
STREET ADDRESS	4657 FOUNTAINS DR. S. #205	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DONAHUE, LARRY	
STREET ADDRESS	4661 FOUNTAIN DR SO #111	
CITY-ST-ZIP	LAKE WORTH FL	

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
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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 persons empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

561-964-3600

Date

Daytime Phone #

CR2E037 (10/00)