

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723672

1. Entity Name

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO  
. 4

Principal Place of Business

Mailing Address

4615 FOUNTAINS DR.  
LAKE WORTH FL 33467-2065  
US

4615 FOUNTAINS DR.  
LAKE WORTH FL 33467-2065  
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

59-1511441

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 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 SD  
NAME JAVIER, LEONARD ☒ Delete  
STREET ADDRESS 4840 ESEDRA CT  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE SD  
NAME MARION, EDWIN ☐ Change ☒ Addition  
STREET ADDRESS 4833 ESEDRA CT., APT. 105  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE PTD  
NAME DOMBROWSKY, NORMAN ☐ Delete  
STREET ADDRESS 4805 ESEDRA COURT  
CITY-ST-ZIP LAKE WORTH FL

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME GROSSMAN, JOEL ☐ Delete  
STREET ADDRESS 4822 ESEDRA CT., APT. 306  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME SLOVIN, ETHEL ☐ Delete  
STREET ADDRESS 4801 ESEDRA CT., #208  
CITY-ST-ZIP LAKE WORTH FL

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 life empowered.

SIGNATURE:

*[Signature]*

4-18-02

561-964-3600



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)