2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State
02-01-2005 90029 043 ****61.25

DOCUMENT # 721948

1. Entity Name
THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO. 1

50009059

Principal Place of Business	Mailing Address
4615 FOUNTAINS DRIVE LAKE WORTH, FL 33467 US	4615 FOUNTAINS DRIVE LAKE WORTH, FL 33467 US

01102005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1534354 ☐ 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) Suite B 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRUNDFAST, SAMUEL 4500 GEFION CT.,#205 LAKE WORTH, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD RUSSO, PEARL 4500 GEFION CT #304 LAKE WORTH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Russo, Pearl	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SUSSMAN, GINA 4500 GEFION CT #302 LAKE WORTH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Sussman, Gina	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEFFREY, AARON 4500 GEFION CT #104 LAKE WORTH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Aaron, Jeffrey	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHOLFF, LAURIE 4500 GEFION CT #306 LAKE WORTH, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARTZ, MURIEL 4500 GEFION CT #304 LAKE WORTH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Schwartz, Muriel	☒ Change ☐ Addition

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: S.N. Grundfast, S.N. Grundfast 1/25/05 561-964-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #