

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723672

FILED
Jan 25, 2006
Secretary of State

Entity Name: THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO. 4

Current Principal Place of Business:

4615 FOUNTAINS DR.
SUITE B
LAKE WORTH, FL 334672065 US

New Principal Place of Business:

Current Mailing Address:

4615 FOUNTAINS DR.
SUITE B
LAKE WORTH, FL 334672065 US

New Mailing Address:

FEI Number: 59-1511441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POULETTE, DEBBIE
4615 FOUNTAINS DR.
SUITE B
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MARMON, EDWIN
Address: 4833 ESEDRA CT., APT 105
City-St-Zip: LAKE WORTH, FL 33467

Title: V () Delete
Name: PREISER, ANDREW
Address: 4833 ESEDRA COURT #202
City-St-Zip: LAKE WORTH, FL 33467

Title: PD () Delete
Name: GROSSMAN, JOEL
Address: 4822 ESEDRA CT., APT. 306
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: FULLER, HOWARD
Address: 4838 ESDSA CT. APT 103
City-St-Zip: LAKE WORTH, FL 33467

Title: VTD () Delete
Name: LEEDS, ROBERT
Address: 4822 ESEDRA CT. APT 202
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: MARMON, EDWIN
Address: 4833 ESEDRA CT., APT 105
City-St-Zip: LAKE WORTH, FL 33467

Title: PD (X) Change () Addition
Name: HOROWITZ, MORTON
Address: 4833 ESEDRA COURT #306
City-St-Zip: LAKE WORTH, FL 33467

Title: SD (X) Change () Addition
Name: STONE, MIRIAM
Address: 4832 ESEDRA CT., APT. 302
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: FLEISHMAN, ALFRED
Address: 4801 ESEDRA CT. APT 301
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE POULETTE

MGR.

01/25/2006

Electronic Signature of Signing Officer or Director

Date