


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90017 048 ****61.25

DOCUMENT # 722731 1. Entity Name FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO.3					
Principal Place of Business 4615 FOUNTAINS DR SUITE B LAKE WORTH, FL 33467 US			Mailing Address 4615 FOUNTAINS DR SUITE B LAKE WORTH, FL 33467 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01182007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1511910	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POULETTE, DEBBIE 4615 S. FOUNTAINS DRIVE SUITE B LAKE WORTH, FL 33467				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 TAPPER, STANLEY 4471 LUXEMBURG CT, APT 204 LAKE WORTH, FL 00000, 33467	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOBEL, CHARLENE 4485 LUXEMBURG CT LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAUBERT CHESTER 4545 LUXEMBURG CT., #306 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANDESMAN, HARRY 4471 LUXEMBURG CT LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 4471 LUXEMBURG CT., #106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENBERG, MORTON 4539 LUXEMBURG CT APT 106 LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VINKELSTEIN, MARTIN 4545 LUXEMBURG CT APT 204 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINKELSTEIN, MARTIN 4545 LUXEMBURG CT., #204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GOLDMAN, MERVIN 4545 LUXEMBURG CT., #302 LAKE WORTH, FL 33467
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Stanley Tapper</u> 1/28/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					