
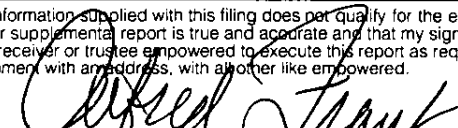


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90090 001 \*\*\*\*61.25

<b>DOCUMENT # 761175</b> 1. Entity Name <b>THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC.</b> <b>NO. 9</b>						
Principal Place of Business <b>4615 FOUNTAINS DR</b> <b>SUITE B</b> <b>LAKE WORTH, FL 33467-2065 US</b>			Mailing Address <b>4615 FOUNTAINS DR</b> <b>SUITE B</b> <b>LAKE WORTH, FL 33467-2065 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip		Country		Zip		
Country		Country		4. FEI Number <b>59-2171993</b>		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  <b>POULETTE, DEBBIE</b> <b>4615 FOUNTAINS DR</b> <b>SUITE B</b> <b>LAKE WORTH, FL 33467</b>			<b>7. Name and Address of New Registered Agent</b> 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>FRANK, ALFRED</b> <input type="checkbox"/> Delete <b>4661 FOUNTAINS DR. SO., #113</b> <b>LAKE WORTH, FL</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>SOLOW, JOSEPH</b> <input type="checkbox"/> Delete <b>4501 FOUNTAINS DR APT 106</b> <b>LAKE WORTH, FL 33467</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>BINSTOCK, SYLVIA</b> <input type="checkbox"/> Delete <b>4657 FOUNTAIN DR. S #208</b> <b>LAKE WORTH, FL</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete					
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<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<b>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.</b>						
<b>SIGNATURE:</b> 						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date: <b>2/31/07</b> Daytime Phone #						

60011150



01102007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2171993

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

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

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

Make check payable to Florida Department of State

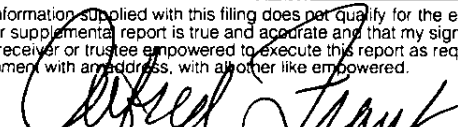
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SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **2/31/07** Daytime Phone #