

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90012 039 ****61.25

DOCUMENT # 721903 1. Entity Name THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC.	
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Principal Place of Business 4615 FOUNTAINS DRIVE SUITE B LAKE WORTH, FL 33467 US	Mailing Address 4615 FOUNTAINS DRIVE SUITE B LAKE WORTH, FL 33467 US
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1579270	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POULETTE, DEBBIE 4615 FOUNTAINS DRIVE SUITE B LAKE WORTH, FL 33467

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FUNK, RICHARD 4387 TREVI CT # 208 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONNOLLY, JOHN 4381 TREVI COURT #204 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOND, MELINDA 4363 TREVI COURT #302 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHAN, HARVEY 4353 TREVI CT LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Melinda A. Bond* **1/23/08 561-9643600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #