


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-07-2008 90012 041 ****61.25

DOCUMENT # 723672	
1. Entity Name THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO. 4	

Principal Place of Business 4615 FOUNTAINS DR. SUITE B LAKE WORTH, FL 33467-2065 US	Mailing Address 4615 FOUNTAINS DR. SUITE B LAKE WORTH, FL 33467-2065 US
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DO NOT WRITE IN THIS SPACE

4001000 -



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1511441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent POULETTE, DEBBIE 4615 FOUNTAINS DR. SUITE B LAKE WORTH, FL 33467	DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARMON, EDWIN 4833 ESEDRA CT., APT 105 LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOROWITZ, MORTON 4833 ESEDRA COURT #306 LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STORCH, RHODA 4817 ESEDRA CT LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLEISCHMAN, ALFRED 4801 ESEDRA CT. APT 301 LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:  **1/23/08** **562-964-3600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #