2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731853

FILED Jan 16, 2009 Secretary of State

Entity Name: FOUNTAINS CONDOMINIUM OPERATIONS, INC.

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
4615 FOUNTAINS DR			4615 FOUNTAINS DR	
STE B LAKE WORTH, FL 334672065 US			STE B LAKE WORTH, FL 3346	7 US
Current Mailing Address:				00
Current N	nailing Addres	SS:	New Mailing Address:	
	INTAINS DR		4615 FOUNTAINS DR	
STE B _AKE WC	RTH, FL 3346	372065 US	STE B LAKE WORTH, FL 3346	7 US
FEI Number	: 59-1570954	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address of N	New Registered Agent:
POULETT	E, DEBBIE			
4615 FOU	INTAINS DR			
SUITE B _AKE WC	RTH, FL 3346	87 US		
The above	named entity	submits this statement for the	purpose of changing its registered of	office or registered agent, or both
	e of Florida.	Sabilito tino statement for the	parpood of onlinging its registered of	moe or registered agent, or both,
SIGNATU	RE:			
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	Electro	nic Signature of Registered Ag	jent	Date
OFFICER	Electron S AND DIREC			TO OFFICERS AND DIRECTOR
OFFICER	S AND DIREC		ADDITIONS/CHANGES	
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Γitle:	S AND DIREC VD (LANDSMAN, R	TORS:) Delete ICHARD INS DRIVE SOUTH	ADDITIONS/CHANGES Title: ()	TO OFFICERS AND DIRECTOR
Fitle: Name: Address: City-St-Zip:	S AND DIRECTOR (VD (LANDSMAN, R 4753 FOUNTA LAKE WORTH	CTORS:) Delete ICHARD INS DRIVE SOUTH , FL 33467	ADDITIONS/CHANGES Title: () Name: Address: City-St-Zip:	TO OFFICERS AND DIRECTOR) Change () Addition
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I hereby certify that the information supplied with this filing does not qualify 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: MORTON HOROWITZ PRES 01/16/2009