2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# 721903

Entity Name: THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC.

Current Principal Place of Business:

4615 FOUNTAINS DRIVE
SUITE B
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

4615 FOUNTAINS DRIVE
SUITE B
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 59-1579270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POULETTE, DEBBIE
4615 FOUNTAINS DRIVE
SUITE B
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: FUNK, RICHARD
Address: 4387 TREUI CT # 208
City-St-Zip: LAKE WORTH, FL 33467

Title: TD ( ) Delete
Name: CONNOLLY, JOHN
Address: 4381 TREVI COURT #204
City-St-Zip: LAKE WORTH, FL 33467

Title: DP ( ) Delete
Name: BOND, MELINDA
Address: 4363 TREVI COURT #302
City-St-Zip: LAKE WORTH, FL 33467

Title: VD ( ) Delete
Name: COHAN, HARVEY
Address: 4353 TREVI CT
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition
Name: FUNK, RICHARD
Address: 4387 TREVI CT # 208
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MELINDA BOND PRES 01/16/2009

Electronic Signature of Signing Officer or Director — Date