

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761175

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO. 9

Current Principal Place of Business:

4615 FOUNTAINS DR
SUITE B
LAKE WORTH, FL 334672065 US

New Principal Place of Business:

4615 FOUNTAINS DR
SUITE B
LAKE WORTH, FL 33467 US

Current Mailing Address:

4615 FOUNTAINS DR
SUITE B
LAKE WORTH, FL 334672065 US

New Mailing Address:

4615 FOUNTAINS DR
SUITE B
LAKE WORTH, FL 33467 US

FEI Number: 59-2171993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POULETTE, DEBBIE
4615 FOUNTAINS DR
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: PD () Delete
Name: FRANK, ALFRED,
Address: 4661 FOUNTAINS DR. SO., #113
City-St-Zip: LAKE WORTH, FL

Title: TD () Delete
Name: KRAVITZ, GERALD
Address: 4661 FOUNTAINS DR S #115
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Delete
Name: BINSTOCK, SYLVIA,
Address: 4657 FOUNTAIN DR. S #208
City-St-Zip: LAKE WORTH, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FRANK, AL
Address: 4661 FOUNTAINS DR. SO., #113
City-St-Zip: LAKE WORTH, FL 33467

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

Title: SD (X) Change () Addition
Name: BINSTOCK, SYLVIA
Address: 4657 FOUNTAIN DR. S #208
City-St-Zip: LAKE WORTH, FL 33467

Title: VD () Change (X) Addition
Name: SCHOENFELD, STANLEY
Address: 4661 FOUNTAINS DR. SO. #210
City-St-Zip: LAKE WORTH, FL 33467

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: AL FRANK

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date