## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 723672**

1. Entity Name

## THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO



Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90191 006 \*\*\*\*61.25

**FILED** 

Principal Plac	e of Business	Mailing Address								
4615 FOUNTAINS DR. LAKE WORTH FL 33467-2065 US		4615 FOUNTAINS DR. LAKE WORTH FL 33467-2065 US					1 (881) (881) 1		<b></b>	ı <b>GIR</b> II ( <b>36</b> 1
		Lo. Market Address								
2. Principal Place of Business		3. Mailing Address						ID IIJID DIJIF IBBID IIDI DIDIF I	4	II BIBII IBBI
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State					4. FEI Number 59-1511441		Applied For Not Applicable	
Zip Country			Zip Country				5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	Register	red Agent Name				7. Name and Address of New Registered Agent			
POULETTE, DEBBIE 4615 FOUNTAINS DR.					Street Address (P.O. Box Number is Not Acceptable)					
LAKE WORTH FL 33467				City			FL	Zip Code	e	
O The charge	named entity submits this statement fo	e the pure	and of changing its	rogintoro	d office o	r rogistore	od agent, or both, in t	<u> </u>	miliar with	and accent
	named entity submits this statement to ions of registered agent.	r the burt	oose of changing its	registere	a once o	registeri	ed agent, or both, in t	ne State Orrionda. Tamia	maio with,	and accopt
	:						-			
SIGNATURE .								DATE		
	Signature, typed or printed name of registered agent	and title if ap	plicable. (NOTE	: Registered	1 Agent signat	ure required	when reinstating)	DAIE		
FILE NOW: FEE IS \$61.25			9. Election Campaign Fin Trust Fund Contribution				\$5.00 May Be Added to Fees  Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIS	RECTORS	<u> </u>	11.			DDITIONS/CHANGE	S TO OFFICERS AND DIRE	ECTORS IN	10
TITLE	SD		☐ Delete	TITLE					☐ Change	☐ Addition
NAME	MARMON, EDWIN			NAME						
STREET ADDRESS	4833 ESEDRA CT., APT 105				ET ADDRESS	1				
CITY-ST-ZIP	LAKE WORTH FL 33467			CITY-	ST-ZIP				~~	
TITLE	PTD		Delete	TITLE		T		,	Change	☐ Addition
NAME STREET ADDRESS	DOMBROWSKY, NORMAN			NAME	: Et address	•				j
CITY-ST-ZIP	4805 ESEDRA COURT LAKE WORTH FL		موند محمد دورت درد.		ST-ZIP		<del></del>	green seems of the second		
	VD		☐ Delete	TITLE		वद		·····	Change	☐ Addition
TITLE NAME	GROSSMAN, JOEL		L Delete	NAME		-			o nunge	
	4822 ESEDRA CT., APT. 306				ET ADDRESS					
CITY-ST-ZIP	LAKE WORTH FL 33467			CITY-	ST-ZIP					
TITLE	VD		<b>⊠</b> Delete	-TITLE		VD.	. 4		☐ Change	<b>⊠</b> Addition
NAME	SLOVIN, ETHEL			NAME	Ē	166	S ROBERT ESEBLACT.	A-PT. 202		
STREET ADDRESS	4801 ESEDRA CT., #208				ET ADDRESS	4822	e esercial	77410		
CITY-ST-ZIP	LAKE WORTH FL			CITY-	·ST-ZIP	LAK	E WORTH, FI	33767		
TITLE			☐ Delete	TITLE					Change	☐ Addition
NAME				NAME						
STREET ADDRESS					ET ADDRESS ST-ZIP					
CITY-ST-ZIP						<del> </del>			Change	Addition
TITLE			☐ Delete	TITLE NAME					LT change	☐ Working
NAME STREET ADDRESS					ET ADDRESS					
STREET ADDRESS					ST-7IP					{

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 adverse, with all other like empowered.

SIGNATURE:

WINDTHEMREQUIRED

4/2/103