

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90193 047 ****61.25

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DOCUMENT # 731853

1. Entity Name

FOUNTAINS CONDOMINIUM OPERATIONS, INC.



Principal Place of Business

**4615 FOUNTAINS DR
LAKE WORTH FL 33467-2065
US**

Mailing Address

**4615 FOUNTAINS DR
LAKE WORTH FL 33467-2065
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1570954**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**POULETTE, DEBBIE
4615 FOUNTAINS DR
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☒ Delete
NAME **ROTHSCHILD, BERT**
STREET ADDRESS **4501 FOUNTAINS DR S APT 105**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **PD** ☐ Delete
NAME **STEINBERG, NATHAN**
STREET ADDRESS **5279 FOUNTAINS DR S. 205**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **VD** ☐ Delete
NAME **LAMBERT, ROBERT**
STREET ADDRESS **4254-102 DE'ESTE COURT**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **TD** ☐ Delete
NAME **KRIEGER, HERBERT**
STREET ADDRESS **5257 FOUNTAIN DRIVE SOUTH APT 705**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **VD** ☐ Delete
NAME **TAPPER, STANLEY**
STREET ADDRESS **4471 LUXEMBURG CT APT 204**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition
NAME **SLOAN, STANLEY**
STREET ADDRESS **4742 FOUNTAINS DR. SO.**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 address, with all other like empowered.

SIGNATURE: [Signature] REQUIRED

CR2E037 (10/02)