

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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**Current Mailing Address:**4615 FOUNTAINS DRIVE
SUITE B
LAKE WORTH, FL 33467 US**FEI Number:** 59-1579270**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POULETTE, DEBBIE
4615 FOUNTAINS DRIVE
SUITE B
LAKE WORTH, FL 33467 US*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**Officer/Director Detail :**

Title	D
Name	MURPHY, CAROL
Address	4363 TREVI CT #306
City-State-Zip:	LAKE WORTH FL 33467

Title	PRESIDENT, DIRECTOR
Name	POLL, SUSAN
Address	4377 TREVI COURT
City-State-Zip:	LAKE WORTH FL 33467

Title	VP, DIRECTOR
Name	ZYLA, DREW
Address	4387 TREVI COURT 303
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	BONCORAGLIO, GEORGE
Address	4381 TREVI COURT 104
City-State-Zip:	LAKE WORTH FL

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

Title	D
Name	GREENHOLZ, DAVID
Address	4381 TREVI COURT #203
City-State-Zip:	LAKE WORTH FL 33467

Title	SECRETARY, DIRECTOR
Name	SPIEGEL-CONTI, DORIS
Address	4383 TREVI COURT
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	COMPTON, GREGORY
Address	4345 TREVI COURT 105
City-State-Zip:	LAKE WORTH FL 33467

I hereby 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 all other like empowered.

SIGNATURE: SUSAN POLL**PRESIDENT****03/17/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date