

2021 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 DEMATTEIS, JOSEPH
Address 4387 TREVI CT
#206
City-State-Zip: LAKE WORTH FL 33467

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

Title DIRECTOR, TREASURER
Name BROWN, CAMILLE
Address 4343
TREVI COURT
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name JACOBS, ROB
Address 4345 TREVI COURT
APT. 204
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 DIRECTOR
Name LADEN, BONNYE
Address 4409
TREVI COURT
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name BONCORAGLIO, GEORGE
Address 4381 TREVI COURT
104
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name SIMON, ED
Address 4387 TREVI COURT
APT. 308
City-State-Zip: LAKE WORTH FL 33467

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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

03/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|------------------------------|
| Title | DIRECTOR |
| Name | GOKSEN, MURAT |
| Address | 4345 TREVI COURT APT. 208 |
| City-State-Zip: | LAKE WORTH FL 33467 |