

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721903

FILED
Apr 05, 2019
Secretary of State
8140176421CC

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 D, SECRETARY
Name CONNOLLY, JOHN
Address 4381 TREVI COURT
#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 D
Name GREENHOLZ, DAVID
Address 4381 TREVI COURT
#203
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, TREASURER
Name BROWN, CAMILLE
Address 4343
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 LADEN, HEDDA
Address 4409 TREVI COURT
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

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name SIMON, ED

Address 4387 TREVI COURT
 APT.308

City-State-Zip: LAKE WORTH FL 33467