

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722731

Entity Name: FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO.3**Current Principal Place of Business:**4615 FOUNTAINS DR
SUITE B
LAKE WORTH, FL 33467**Current Mailing Address:**4615 FOUNTAINS DR
SUITE B
LAKE WORTH, FL 33467 US**FEI Number:** 59-1511910**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	PRESIDENT DIRECTOR
Name	WIDDOES, MARY
Address	4547 LUXEMBURG COURT
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR, VP
Name	BERSON, KENNETH
Address	4539 LUXEMBURG COURT #203
City-State-Zip:	LAKE WORTH FL 33467

Title	SECRETARY, DIRECTOR
Name	COHEN, JERRY
Address	4545 LUXEMBURG CT. APT.301
City-State-Zip:	LAKE WORTH FL 33467

Title	SECURITY DIRECTOR
Name	LEONARD, JACK
Address	4539 LUXEMBURG CT., 103
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR, VP
Name	SIEGEL, ROBERT
Address	4465 LUXEMBURG COURT #205
City-State-Zip:	LAKE WORTH FL 33467

Title	TREASURER
Name	JARVINEN, IRJA
Address	4489 LUXEMBURG CT. APT.304
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: MARY WIDDOES

PRESIDENT

04/23/2015

Electronic Signature of Signing Officer/Director Detail_____
Date