

**2016 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            SECURITY DIRECTOR  
Name            LEONARD, JACK  
Address        4539 LUXEMBURG CT., 103  
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            TREASURER  
Name            JARVINEN, IRJA  
Address        4489 LUXEMBURG CT.  
                  APT. 304  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            BAIMAN, MARVIN  
Address        4539 LUXEMBURG CT.  
                  APT. 101  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            HARDING, SANDRA  
Address        4471 LUXEMBURG CT.  
                  APT. 107  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            LANDESMAN, HARRY  
Address        4471 LUXEMBURG CT.  
                  APT. 106  
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****02/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date