

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761175

Entity Name: THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO. 9**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:** 59-2171993**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POULETTE, DEBBIE
4615 FOUNTAINS DR
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, TREASURER, DIRECTOR
Name FRANK, AL
Address 4661 FOUNTAINS DR. SO., #113
City-State-Zip: LAKE WORTH FL 33467

Title VICE PRESIDENT, DIRECTOR
Name SCHOENFELD, STANLEY
Address 4661 FOUNTAINS DR. SO., #210
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY, DIRECTOR
Name SCHWARTZ, BETTE ANN
Address 4657 FOUNTAINS DR. SO., #103
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name FELTON, PAUL
Address 4501 FOUNTAINS DR. SO., #107
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name GUILMETTE, ROGER
Address 4661 FOUNTAINS DR SO. # 110
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name MILLER, RUSSELL
Address 4661 FOUNTAINS DR. SO. #115
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: AL FRANK

PRESIDENT

04/01/2014

Electronic Signature of Signing Officer/Director Detail_____
Date