

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761175

**Entity Name:** THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO. 9

**FILED**  
**Mar 15, 2013**  
**Secretary of State**  
**CC4419238542**

**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           PTD  
Name           FRANK, AL  
Address        4661 FOUNTAINS DR. SO., #113  
City-State-Zip: LAKE WORTH FL 33467

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

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

Title           D  
Name           FELTON, PAUL  
Address        4501 FOUNTAINS DR. SO., #107  
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: ALFRED FRANK**

**PRESIDENT**

**03/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date