

**2020 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, DIRECTOR, TREASURER  
Name            SCHOENFELD, STANLEY  
Address        4661 FOUNTAINS DR. SO., #210  
City-State-Zip: LAKE WORTH FL 33467

Title            VP, DIRECTOR  
Name            ROTHSCHILD, BARBARA  
Address        4501 FOUNTAINS DRIVE  
                  #105  
City-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY, DIRECTOR  
Name            HARRIS, LISA  
Address        4657 FOUNTAINS DRIVE SOUTH  
                  APT.205  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            LIVSHITZ, STANLEY  
Address        4657 FOUNTAINS DRIVE SOUTH  
                  APT201  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            WYMAN, GARY  
Address        4661 FOUNTAINS DRIVE SOUTH  
                  APT.111  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            OCHACHER, LILLIAN  
Address        4661 FOUNTAINS DRIVE SOUTH  
                  APT216  
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: STANLEY SCHOENFELD****PRESIDENT****03/13/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date