## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 761175** 

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

**FILED** Apr 09, 2019 **Secretary of State** 5372689085CC

## **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:

City-State-Zip:

Date Electronic Signature of Registered Agent

Title

Officer/Director Detail:

PRESIDENT, DIRECTOR, TREASURER Title Title VP, DIRECTOR

Name SCHOENFELD, STANLEY Name ROTHSCHILD, BARBARA

4661 FOUNTAINS DR. SO., #210 4501 FOUNTAINS DRIVE Address Address

#105 City-State-Zip: LAKE WORTH FL 33467

City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY, DIRECTOR

**DIRECTOR** HARRIS, LISA Name

Name LIVSHITZ, STANLEY 4657 FOUNTAINS DRIVE SOUTH Address

Address 4657 FOUNTAINS DRIVE SOUTH APT. 205

APT.201 LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR Title DIRECTOR

WYMAN, GARY Name AGRILLO, LUDY Name

4661 FOUNTAINS DRIVE SOUTH Address 4657 FOUNTAINS DRIVE SOUTH Address APT. 111

APT.108 LAKE WORTH FL 33467

City-State-Zip: 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** 

04/09/2019