

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003674

Entity Name: FOUNTAIN SQUARE OFFICE CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 29, 2023
Secretary of State
5040190887CC**Current Principal Place of Business:**70 N.E. 5TH AVENUE
DELRAY BEACH, FL 33483**Current Mailing Address:**88 NE 5TH AVE
DELRAY BEACH, FL 33483 US**FEI Number: 41-0944201****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SECURE PROPERTY MANAGEMENT
88 NE 5TH AVE
DELRAY BEACH, FL 33483 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: TOM PERRY****04/29/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	CARTER, DAN
Address	NE 5TH AVE
City-State-Zip:	DELRAY BEACH FL 33483

Title	D
Name	BROWN, HARVEY
Address	NE 5TH AVE
City-State-Zip:	DELRAY BEACH FL 33483

Title	TREASURER
Name	CABEZAS, CHRIS
Address	N.E. 5TH AVENUE
City-State-Zip:	DELRAY BEACH FL 33483

Title	PRESIDENT
Name	SCHAPPERT, KEN
Address	NE 5TH AVE
City-State-Zip:	DELRAY BEACH FL 33483

Title	SECRETARY
Name	ODONNEL, KEVIN
Address	NE 5TH AVE
City-State-Zip:	DELRAY BEACH FL 33483

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: KEN SCHAPPERTY**PRESIDENT****04/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date