### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47073

Entity Name: THE FOUNTAINS OF PALM BEACH CONDOMINIUM NO. 6, INC.

FILED Apr 04, 2018 Secretary of State CC3590393316

## **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: 59-1511440 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

POULETTE, DEBBIE 4615 FOUNTAINS DR SUITE B

LAKE WORTH, FL 33467-4997 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	PD	Title	D
Name	SALADINO, THOMAS	Name	CHESTER, IRENE
Address	6674 FOUNTAINS CIRCLE	Address	4408 FOUNTAINS DRIVE
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467
Title	D	Title	D, TREASURER
Name	KEMPNER, EDNA	Name	RANDALL, JEROME
Address	4384 FOUNTAINS DRIVE	Address	4350 FOUNTAINS DRIVE
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467
Title	D	Title	SECRETARY, DIRECTOR
Title Name	D ANIS, ROBERT	Title Name	SECRETARY, DIRECTOR CREEGAN, ELSIE
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Name	ANIS, ROBERT	Name	CREEGAN, ELSIE
Name Address	ANIS, ROBERT 4426 FOUNTAINS DRIVE	Name Address	CREEGAN, ELSIE 4482 FOUNTAINS DRIVE
Name Address City-State-Zip:	ANIS, ROBERT  4426 FOUNTAINS DRIVE  LAKE WORTH FL 33467	Name Address City-State-Zip:	CREEGAN, ELSIE 4482 FOUNTAINS DRIVE LAKE WORTH FL 33467
Name Address City-State-Zip:	ANIS, ROBERT  4426 FOUNTAINS DRIVE  LAKE WORTH FL 33467  DIRECTOR	Name Address City-State-Zip:	CREEGAN, ELSIE  4482 FOUNTAINS DRIVE  LAKE WORTH FL 33467  D

## Continues on page 2

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: THOMAS SALADINO

**PRESIDENT** 

04/04/2018

# Officer/Director Detail Continued:

Title DIRECTOR, VP

Name MOSCOWITZ, LINDA

Address 4304 FOUNTAINS DRIVE

City-State-Zip: LAKE WORTH FL 33467