### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47073

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

**FILED** Feb 13, 2014 **Secretary of State** CC3340170849

## **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 Title D

Name SALADINO, THOMAS Name CHESTER, IRENE

6674 FOUNTAINS CIRCLE 4408 FOUNTAINS DRIVE Address Address City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title **VPD** Title

Name KEMPNER, EDNA SUVAL, ROBERT Name

Address 4384 FOUNTAINS DRIVE Address 4304 FOUNTAINS DR City-State-Zip: LAKE WORTH FL 33467

City-State-Zip: LAKE WORTH FL 33467

Title **TSD** Title D

Name RANDALL, JEROME Name ROSS, ELEANOR

4350 FOUNTAINS DRIVE Address Address 4488 FOUNTAINS DRIVE

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

Title D

Name COVEN, JULES

4314 FOUNTAINS DRIVE Address 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.

02/13/2014 SIGNATURE: THOMAS SALADINO **PRESIDENT**