

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47073

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

**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  
Name SALADINO, THOMAS  
Address 6674 FOUNTAINS CIRCLE  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name CHESTER, IRENE  
Address 4408 FOUNTAINS DRIVE  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name KEMPNER, EDNA  
Address 4384 FOUNTAINS DRIVE  
City-State-Zip: LAKE WORTH FL 33467

Title D, VP  
Name RANDALL, JEROME  
Address 4350 FOUNTAINS DRIVE  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name ANIS, ROBERT  
Address 4426 FOUNTAINS DRIVE  
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY, DIRECTOR  
Name CREEGAN, ELSIE  
Address 4482 FOUNTAINS DRIVE  
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER, DIRECTOR  
Name MONAHAN, ROBERTA  
Address 4310 FOUNTAINS DRIVE  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name FARFAGLIA, VINCENT  
Address 4480 FOUNTAINS DRIVE  
City-State-Zip: LAKE WORTH FL 33467

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*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**

**03/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | MOSCOWITZ, LINDA     |
| Address         | 4304 FOUNTAINS DRIVE |
| City-State-Zip: | LAKE WORTH FL 33467  |