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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721903

1. Corporation Name

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC.

Principal Place of Business

4615 FOUNTAINS DRIVE
LAKE WORTH FL 33467
US

Mailing Address

4615 FOUNTAINS DRIVE
LAKE WORTH FL 33467
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/20/1971

4. FEI Number

59-1579270

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

POULETTE, DEBBIE
4615 FOUNTAINS DRIVE
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RUDWICK, MARVIN
STREET ADDRESS 4355 TREVI COURT
CITY-ST-ZIP LAKE WORTH FL

☒ DELETE

TITLE VD
NAME GUGICK FREDRIC
STREET ADDRESS 4411 TREVI CT., #305
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE TD
NAME MISCHEL, SEYMOUR
STREET ADDRESS 4347 TREVI COURT
CITY-ST-ZIP LAKE WORTH FL

☒ DELETE

TITLE VSD
NAME STERN ALFRED
STREET ADDRESS 4345 TREVI CT., #207
CITY-ST-ZIP LAKE WORTH FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD
1.2 NAME MARTIN RASKIN
1.3 STREET ADDRESS 4349 TREVI COURT
1.4 CITY-ST-ZIP LAKE WORTH, FL 33467

☐ Change

☒ Addition

2.1 TITLE PD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change

☐ Addition

3.1 TITLE VD
3.2 NAME JACK BERMAN
3.3 STREET ADDRESS 4387 TREVI COURT, APT. 303
3.4 CITY-ST-ZIP LAKE WORTH, FL 33467

☐ Change

☒ Addition

4.1 TITLE TD
4.2 NAME ROBERT MARTINEAU
4.3 STREET ADDRESS 4393 TREVI COURT, APT. 102
4.4 CITY-ST-ZIP LAKE WORTH, FL 33467

☐ Change

☒ Addition

5.1 TITLE SD
5.2 NAME RITA GAGLIARDUCCI
5.3 STREET ADDRESS 4331 TREVI COURT
5.4 CITY-ST-ZIP LAKE WORTH, FL 33467

☐ Change

☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John A. Raskin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

561-964-3600

Daytime Phone #

CR2E037-11/98