


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90029 042 \*\*\*\*61.25

**DOCUMENT # 721903**  
 1. Entity 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**

**50009060**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
**Suite B**  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
**Suite B**  
 City & State  
 Zip Country

01102005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
**POULETTE, DEBBIE**  
**4615 FOUNTAINS DRIVE**  
**LAKE WORTH, FL 33467**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**Suite B**  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RASKIN, MARTIN 4349 TREVI CT LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUGICK FREDRIC 4411 TREVI CT., #305 LAKE WORTH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOLPAN, MILTON 4345 TREVI CT APT 208 LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REUTER, EDITH 4387 TREVI CT APT 202 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAGLIARDUCCI, RITA 4331 TREVI CT. LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kaplan, Alvin 4411 Trevi Ct. Apt. 307 Lake Worth, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gugick, Fredric	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Connolly, John 4381 Trevi Ct. Apt. 204 Lake Worth, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reuter, Edith	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Bond, Melinda 4363 Trevi Ct. Apt. 302 Lake Worth, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Frederic P. Gugick Frederic Gugick 1/21/05 561-964-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #