FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
* ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

95 MAY -1 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **721948** **(8)**

1. Corporate Name
THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO . 1

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4615 S. FOUNTAINS DR. LAKE WORTH FL 33467 US	4615 S FOUNTAINS DR. LAKE WORTH FL 33467 US

3. Date Incorporated or Qualified: **10/27/1971**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1534354** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POULETTE, DEBBIE 4615 S. FOUNTAINS DRIVE LAKE WORTH FL 33467	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of New Registered Agent, if changed) (Printed or Typed Name of Registered Agent and Title if Agent is Corporation) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PD	11 TITLE		☐ Change ☐ Addition
12 NAME	GRUNDFAST, SAMUEL	12 NAME		
13 STREET ADDRESS	4500 GEFION CT.,#205	13 STREET ADDRESS		
14 CITY ST ZIP	LAKE WORTH, FL 00000	14 CITY ST ZIP		
21 TITLE	D	21 TITLE	TD	☐ Change ☒ Addition
22 NAME	RUSSO, PEARL	22 NAME		
23 STREET ADDRESS	4500 GEFION CT #304	23 STREET ADDRESS		
24 CITY ST ZIP	LAKE WORTH, FL 00000	24 CITY ST ZIP		
31 TITLE	SD	31 TITLE		☐ Change ☐ Addition
32 NAME	SCHWARTZ, MURIEL	32 NAME		
33 STREET ADDRESS	4500 GEFION CT #102	33 STREET ADDRESS		
34 CITY ST ZIP	LAKE WORTH, FL 00000	34 CITY ST ZIP		
41 TITLE	TD	41 TITLE	VD	☒ Change ☐ Addition
42 NAME	COOK, JACK	42 NAME	SUSSMAN, GINA	
43 STREET ADDRESS	4500 GEFION CT. #204	43 STREET ADDRESS	4500 GEFION CT. #302	
44 CITY ST ZIP	LAKE WORTH FL	44 CITY ST ZIP	LAKE WORTH FL	
51 TITLE	D	51 TITLE		☐ Change ☐ Addition
52 NAME	ARRON, JEFFREY	52 NAME		
53 STREET ADDRESS	4500 GEFION CT 104+105	53 STREET ADDRESS		
54 CITY ST ZIP	LAKE WORTH FL	54 CITY ST ZIP		
61 TITLE	VD	61 TITLE	D	☒ Change ☐ Addition
62 NAME	SOFFER, PAUL	62 NAME		
63 STREET ADDRESS	4500 GEFION CT #301	63 STREET ADDRESS		
64 CITY ST ZIP	LAKE WORTH FL	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Samuel N. Grundfast 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(407) 964-3600
Daytime Phone #

0012033