


FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 721948 (8)**

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

Principal Place of Business <b>4615 FOUNTAINS DRIVE LAKE WORTH FL 33467 US</b>	Mailing Address <b>4615 FOUNTAINS DRIVE LAKE WORTH FL 33467-4155 US</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-1534354</b>	3a. Date of Last Report <b>04/26/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>POULETTE, DEBBIE 4615 FOUNTAINS DRIVE LAKE WORTH FL 33467</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUNDFAST, SAMUEL	1.2 NAME	
STREET ADDRESS	4500 GEFION CT., #205	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSO, PEARL	2.2 NAME	
STREET ADDRESS	4500 GEFION CT #304	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, MURIEL	3.2 NAME	
STREET ADDRESS	4500 GEFION CT #102	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSSMAN, GINA	4.2 NAME	
STREET ADDRESS	4500 GEFION CT #302	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRON, JEFFREY	5.2 NAME	
STREET ADDRESS	4500 GEFION CT 104 + 105	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOFFER, PAUL	6.2 NAME	
STREET ADDRESS	4500 GEFION CT #301	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **4/17/97** **561-964-3600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044001

CR2E037 (9/96)