


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90384 013 ****61.25

| | |
|---|---|
| DOCUMENT # 721948 |  |
| 1. Entity Name THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO. 1 | |

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|---|---|
| Principal Place of Business 4615 FOUNTAINS DRIVE LAKE WORTH FL 33467 US | Mailing Address 4615 FOUNTAINS DRIVE LAKE WORTH FL 33467 US |
|---|---|

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|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



MOORE CR2E037 (11/03)

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|------------------------------------|---|
| 4. FEI Number 59-1534354 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|---|

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|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|
| 6. Name and Address of Current Registered Agent POULETTE, DEBBIE 4615 FOUNTAINS DRIVE LAKE WORTH FL 33467 |
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| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| 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.

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

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---------------------------------|---|--|
| TITLE PD | <input type="checkbox"/> Delete | TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME GRUNDFAST, SAMUEL | | NAME Jeffrey Aaron | |
| STREET ADDRESS 4500 GEFION CT., #205 | | STREET ADDRESS 4500 Gefion Ct. Apt. # 104/105 | |
| CITY-ST-ZIP LAKE WORTH, FL 00000 | | CITY-ST-ZIP Lake Worth, FL 33467 | |
| TITLE TSD | <input type="checkbox"/> Delete | TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME RUSSO, PEARL | | NAME Laurie Schloff | |
| STREET ADDRESS 4500 GEFION CT #304 | | STREET ADDRESS 4500 Gefion Ct. Apt. 306 | |
| CITY-ST-ZIP LAKE WORTH FL | | CITY-ST-ZIP Lake Worth, FL 33467 | |
| TITLE VD | <input type="checkbox"/> Delete | TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME SUSSMAN, GINA | | NAME Monrel-Schwartz | |
| STREET ADDRESS 4500 GEFION CT #302 | | STREET ADDRESS 4500 Gefion Ct. Apt. 102 | |
| CITY-ST-ZIP LAKE WORTH FL | | CITY-ST-ZIP Lake Worth, FL 33467 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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 87, 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 the empowered.

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| SIGNATURE:  | DATE 3/18/04 | Daytime Phone # 561-964-3600 |
|--|------------------------|--|