


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90006 030 ****61.25

DOCUMENT # 721948 1. Entity Name THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO. 1					
Principal Place of Business 4615 FOUNTAINS DRIVE STE B LAKE WORTH, FL 33467 US			Mailing Address 4615 FOUNTAINS DRIVE STE B LAKE WORTH, FL 33467 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-1534354				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POULETTE, DEBBIE 4615 FOUNTAINS DRIVE STE B LAKE WORTH, FL 33467			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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD GRUNDFAST, SAMUEL 4500 GEFION CT., #205 LAKE WORTH, FL 00000,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, PEARL 4500 GEFION CT #304 LAKE WORTH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUSSMAN, GINA 4500 GEFION CT #302 LAKE WORTH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AARON, JEFFREY 4500 GEFION CT #104 LAKE WORTH, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOLFF, LAURIE 4500 GEFION CT #306 LAKE WORTH, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWARTZ, MURIEL 4500 GEFION CT #304 LAKE WORTH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <div style="display: flex; justify-content: space-between;"> <div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> OT Russo, Pearl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div> <div style="display: flex; justify-content: space-between;"> <div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> SO Sussman, Gina <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____				Daytime Phone # _____	