## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT #721948** A THE SAN



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				3		# 1 <b>86</b> 80 ( <b>68</b> 8)				<b>                                  </b>	
2. Principal Place of Business 3. 8		3. Mailing Address	Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			01092006	Chg-NP	CR2E037	7 (11/05)		
City & State		City & State	City & State			4. FEI Number 59-1534			1	pplied For at Applicable	
Zìp	Country	Zip	Zip Cour			Certificate of Status Desired					
	6. Name and Address of Current	Registered Agent				7. Name and A	ddress of New	Registered A	gent		
POULETTE, DEBBIE 4615 FOUNTAINS DRIVE				Name Street Address (P.O. Box Number is Not Acceptable)							
STE B							· .				
LAKE WORTH, FL 33467				City		<b>□</b>					
<u></u>								FL	<u>L.</u> .		
	named entity submits this statement for tions of registered agent.	or the purpose of changing	its registere	ed office or	r registere	ed agent, or both	, in the State of F	Florida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered	Agent signat	nte tedrited	when reinstating)		DATE			
			on Campaign Financing Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS 11.											
TITLE NAME	PD COUNTRACT CANUE				A	DDITIONS/CHA	NGES TO OFFIC	ERS AND DIR	ECTORS IN	10	
STREET ADDRESS		Oelete	TITLE		A	DDITIONS/CHAI	NGES TO OFFIC	•	Change	Addition	
	GRUNDFAST, SAMUEL 4500 GEFION CT.,#205	Delete	NAME		A	DDITIONS/CHAI	NGES TO OFFIC	•			
CITY-ST-ZIP	1	☐ Delete	NAME STREE		A	DDITIONS/CHAI	NGES TO OFFIC	•			
TITLE	4500 GEFION CT.,#205 LAKE WORTH, FL 00000, D	☐ Delete	NAME STREI CITY- TITLE	ET ADDRESS ST-ZIP	ОТ		NGES TO OFFIC				
TITLE NAME	4500 GEFION CT.,#205 LAKE WORTH, FL 00000, D RUSSO, PEARL		NAME STREI CITY- TITLE NAME	ET ADORESS ST-ZIP	ОТ	DDITIONS/CHAI	NGES TO OFFIC		☐ Change	Addition	
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TITLE NAME STREET ADDRESS	4500 GEFION CT.,#205 LAKE WORTH, FL 00000, D RUSSO, PEARL 4500 GEFION CT #304		NAME STREI CITY- TITLE NAME STREI	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	0T Russo	, Pearl	NGËS TO OFFIC		☐ Change	Addition	
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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 accurage 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 of furstee 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 the empowered.

STREET ADDRESS

CITY-ST-ZIP

4500 GEFION CT #304

LAKE WORTH, FL

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTIPO NAME OF SIGNING OFFICER OR DIRECTOR

Date