

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 722731 (7)

1. Corporation Name

FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO.3

Principal Place of Business

Mailing Address

4615 FOUNTAINS DR  
LAKE WORTH FL 33467  
US

4615 S. FOUNTAINS DR.  
LAKE WORTH FL 33467  
US



3. Date Incorporated or Qualified

02/21/1972

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 4615 FOUNTAINS DR.

26 4615 FOUNTAINS DR.

4. FEI Number

59-1511910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☒ No

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD  
NAME LANDESMAN, HARRY  
STREET ADDRESS 4471 LUXEMBURG CT #106  
CITY-ST-ZIP LAKE WORTH, FL 00000 ☒ DELETE

TITLE SD  
NAME KATZ, RHODA  
STREET ADDRESS 4483 LUXEMBURG CT #305  
CITY-ST-ZIP LAKE WORTH, FL 00000 ☐ DELETE

TITLE VD  
NAME DANTZIG, ARTHUR  
STREET ADDRESS 4453 LUXEMBURG CT.  
CITY-ST-ZIP LAKE WORTH, FL 00000 ☐ DELETE

TITLE VD  
NAME SCHOTTENFELD, DAVID  
STREET ADDRESS 4489 LUXEMBURG CT., #206  
CITY-ST-ZIP LAKE WORTH, FL 00000 ☐ DELETE

TITLE PD  
NAME SOYKA, FRED  
STREET ADDRESS 4467 LUXEMBURG CT.  
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

TITLE D  
NAME YOUNG, GERALD  
STREET ADDRESS 4539 LUXEMBURG CT., #203  
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD  
1.2 NAME YOUNGER, BEN  
1.3 STREET ADDRESS 4465 LUXEMBURG CT. #201  
1.4 CITY-ST-ZIP LAKE WORTH, FL 33467 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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; that I am a resident 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 in this report or on an earlier report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred Soyka

4/2/96 (407) 964-3600

Date

Daytime Phone #

CR2E037 (12/95)