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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

4. FEI Number: 59-1511910 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

POULETTE, DEBBIE
4615 S. FOUNTAINS DRIVE
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	YOUNGER, BEN		1.2 NAME	STANLEY TAPPER	
STREET ADDRESS	4465 LUXEMBURG CT. #201		1.3 STREET ADDRESS	4471 LUXEMBURG CT. APT. 204	
CITY-ST-ZIP	LAKE WORTH, FL 00000		1.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KATZ, RHODA		2.2 NAME		
STREET ADDRESS	4483 LUXEMBURG CT #305		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 00000		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DANTZIG, ARTHUR		3.2 NAME		
STREET ADDRESS	4453 LUXEMBURG CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 00000		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHOTTENFELD,DAVID		4.2 NAME		
STREET ADDRESS	4489 LUXEMBURG CT.,#206		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 00000		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	SOYKA,FRED		5.2 NAME		
STREET ADDRESS	4467 LUXEMBURG CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, GERALD		6.2 NAME		
STREET ADDRESS	4539 LUXEMBURG CT., #203		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Stanley Tapper REQUIRED 4/16/98 561-964-3600