

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722731

1. Entity Name

FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO.3

Principal Place of Business

4615 FOUNTAINS DR  
LAKE WORTH FL 33467  
US

Mailing Address

4615 S. FOUNTAINS DR.  
LAKE WORTH FL 33467  
US

2. Principal Place of Business

3. Mailing Address

4615 FOUNTAINS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number

59-1511910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME TAPPER, STANLEY  
STREET ADDRESS 4471 LUXEMBURG CT, APT 204  
CITY-ST-ZIP LAKE WORTH, FL 00000 33467 ☐ Delete

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

TITLE D  
NAME NOBEL, CHARLENE  
STREET ADDRESS 4485 LUXEMBURG CT  
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE TD  
NAME LANDESMAN, HARRY  
STREET ADDRESS 4771 LUXEMBURG CT APT 106  
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE VD  
NAME ROSENBERG, MORTON  
STREET ADDRESS 4539 LUXEMBURG CT APT 106  
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

*Stanley Tapper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

561 964-3600

Daytime Phone #

FILED  
Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90242 048 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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