


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90038 001 ****61.25

DOCUMENT # 723672					
1. Entity Name THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO. 4					
Principal Place of Business 4615 FOUNTAINS DR. SUITE B LAKE WORTH, FL 33467-2065 US			Mailing Address 4615 FOUNTAINS DR. SUITE B LAKE WORTH, FL 33467-2065 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1511441	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POULETTE, DEBBIE 4615 FOUNTAINS DR. SUITE B LAKE WORTH, FL 33467			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)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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	VD MARMON, EDWIN 4833 ESEDRA CT., APT 105 LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOROWITZ, MORTON 4833 ESEDRA COURT #306 LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STONE, MIRIAM 4832 ESEDRA CT., APT. 302 LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS STORCH, RHODA 4817 ESEDRA CT. LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FULLER, HOWARD 4838 ESDSA CT. APT 103 LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FLEISHMAN, ALFRED 4801 ESEDRA CT. APT 301 LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY - ST - ZIP	FLEISCHMAN, ALFRED	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			Date: 1/25/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		