2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State
02-07-2008 90012 041 ****61.25

DOCUMENT # 723672

1. Entity Name
THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO. 4

Principal Place of Business	Mailing Address
4615 FOUNTAINS DR. SUITE B LAKE WORTH, FL 33467-2065 US	4615 FOUNTAINS DR. SUITE B LAKE WORTH, FL 33467-2065 US

DO NOT WRITE IN THIS SPACE

01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1511441
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POULETTE, DEBBIE
4615 FOUNTAINS DR.
SUITE B
LAKE WORTH, FL 33467

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MARMON, EDWIN
STREET ADDRESS	4833 ESEDRA CT., APT 105
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	PD
NAME	HOROWITZ, MORTON
STREET ADDRESS	4833 ESEDRA COURT #306
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	DS
NAME	STORCH, RHODA
STREET ADDRESS	4817 ESEDRA CT
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	TD
NAME	FLEISCHMAN, ALFRED
STREET ADDRESS	4801 ESEDRA CT. APT 301
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____ 1/23/08 561-964-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #