
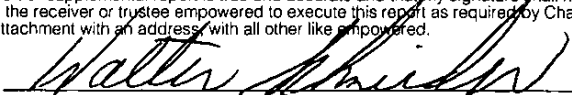


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90006 033 \*\*\*\*61.25

<b>DOCUMENT # 725568</b> 1. Entity Name <b>THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC.</b> <b>NO. 5</b>					
Principal Place of Business <b>4615 FOUNTAINS DR.</b> <b>STE B</b> <b>LAKE WORTH, FL 33467-2065 US</b>			Mailing Address <b>4615 FOUNTAINS DR.</b> <b>STE B</b> <b>LAKE WORTH, FL 33467-2065 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>POULETTE, DEBBIE</b> <b>4615 S. FOUNTAIN DRIVE</b> <b>STE B</b> <b>LAKE WORTH, FL 33467</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLOMON, ROXANNE 4242 O'ESTE CT APT 206 LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Schneider, Walter 4290 O'Este Ct. Apt. 307 Lake Worth, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VOGELSON, RITA 4278 D'ESTE CT APT 204 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vogelso, Rita	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEINGISSER, DONALD 4236 O'ESTE CT APT 103 LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Skudin, Marvin 4236 O'Este Ct. Apt. 206 Lake Worth, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIEGEL, HERBERT 4228 D'ESTE COURT LAKE WORTH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Martinezo, Robert 4230 O'Este Ct. Apt. 203 Lake Worth, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICH, ELINOR 4284 D'ESTE COURT APT. 307 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rich, Elinor	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEHLHORN, GRACE 4248 D'ESTE CT APT 206 LAKE WORTH, FL 33467	<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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					