



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90090 002 \*\*\*\*61.25

<b>DOCUMENT # 725568</b> 1. Entity Name <b>THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC.</b> NO. 5					
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 - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  01182007 Chg-NP CR2E037 (12/06)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1723300</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>POULETTE, DEBBIE</b> <b>4615 S. FOUNTAIN DRIVE</b> <b>STE B</b> <b>LAKE WORTH, FL 33467</b>				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHNEIDER, WALTER <input checked="" type="checkbox"/> Delete 4290 O'ESTE CT APT 307 LAKE WORTH, FL 33467				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGELSO, RITA <input type="checkbox"/> Delete 4278 D'ESTE CT APT 204 LAKE WORTH, FL 33467				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SKUDIN, MARVIN <input type="checkbox"/> Delete 4236 O'ESTE CT APT 206 LAKE WORTH, FL 33467				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINESE, ROBERT <input checked="" type="checkbox"/> Delete 4230 O'ESTE CT APT 203 LAKE WORTH, FL 33467				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICH, ELINOR <input type="checkbox"/> Delete 4284 D'ESTE COURT APT. 307 LAKE WORTH, FL 33467				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEHLHORN, GRACE <input type="checkbox"/> Delete 4248 D'ESTE CT APT 206 LAKE WORTH, FL 33467				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
DV BARENBOIL, ELAINE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4272 D'ESTE CT, #303 LAKE WORTH, FL 33467					
DV VOGELSON, RITA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
DP 4236 D'ESTE CT, #206 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
DT SIEGEL, HERBERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4228 D'ESTE CT. LAKE WORTH, FL 33467					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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</small> _____ <small>Daytime Phone #</small> _____					