FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **729070** **(3)**

1. Corporation Name

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO . 7

Principal Place of Business	Mailing Address
4615 FOUNTAINS DR. LAKE WORTH FL 33467 US	4615 S FOUNTAINS DR. LAKE WORTH FL 33467 US

3. Date Incorporated or Qualified: **03/14/1974**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21: 4615 FOUNTAINS DR.
2a. Mailing Address — 26: 4615 FOUNTAINS DR.
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-1577287** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4615 FOUNTAINS DR.
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MERMELSTEIN, BEN		1.2 NAME		
STREET ADDRESS	4090 TIVOLI CT. #302		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KANDALL, JOSEPH		2.2 NAME		
STREET ADDRESS	4110 TIVOLI CT 207		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 00000		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLDBERG, ROBERT		3.2 NAME		
STREET ADDRESS	4130 TIVOLI CT.,#104		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH,FL 00000		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MINTZER, DAVID		4.2 NAME		
STREET ADDRESS	4070 TIVOLI CT. #106		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME	STRAUSS, MILDRED		5.2 NAME	SORIN, ROBERT	
STREET ADDRESS	4110 TIVOLI CT. 304		5.3 STREET ADDRESS	4130 TIVOLI COURT # 203	
CITY-ST-ZIP	LAKE WORTH FL		5.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MONTELEONE, SAL		6.2 NAME		
STREET ADDRESS	4100 TIVOLI CT., #104		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/4/96 (407) 964-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)