

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90012 044 ****61.25

DOCUMENT # 729070

1. Entity Name
**THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC.
NO. 7**



Principal Place of Business
**4615 FOUNTAINS DR.
STE B
LAKE WORTH, FL 33467 US**

Mailing Address
**4615 FOUNTAINS DR.
STE B
LAKE WORTH, FL 33467 US**

400100



DO NOT WRITE IN THIS SPACE

01072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1577287

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 DRIVE
STE B
LAKE WORTH, FL 33467**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
DREYFUS, SUSAN
4080 TIVOLI CT #107
LAKE WORTH, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
ANDREWS, SUSAN
4180 TIVOLI CT #107
LAKE WORTH, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
LASSMAN, VIVIAN
4080 TIVOLI CT #207
LAKE WORTH, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
LIGHT, STANLEY
4110 TIVOLI CT #203
LAKE WORTH, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/08

561-964-3600