

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729070

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1577287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POULETTE, DEBBIE
4615 FOUNTAINS DRIVE
STE B
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: DREYFUS, SUSAN
Address: 4080 TIVOLI CT #107
City-St-Zip: LAKE WORTH, FL 33467

Title: VD () Delete
Name: ANDREWS, SUSAN
Address: 4180 TIVOLI CT #107
City-St-Zip: LAKE WORTH, FL 33467

Title: PD () Delete
Name: LASSMAN, VIVIAN
Address: 4080 TIVOLI CT #207
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Delete
Name: LIGHT, STANLEY
Address: 4110 TIVOLI CT #203
City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: ANDREWS, SUSAN
Address: 4180 TIVOLI CT #107
City-St-Zip: LAKE WORTH, FL 33467

Title: VD (X) Change () Addition
Name: SORRENTINO, EDWARD
Address: 4090 TIVOLI CT #103
City-St-Zip: LAKE WORTH, FL 33467

Title: SD (X) Change () Addition
Name: GILBERT, NORMA JEAN
Address: 4110 TIVOLI CT #307
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Change (X) Addition
Name: RAVINE, STANLEY
Address: 4100 TIVOLI COURT #303
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN ANDREWS

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date