# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 26, 2001 8:00 am**
**Secretary of State**
04-26-2001 90242 043 ****61.25

0054739

DOCUMENT # 731853

1. Entity Name

FOUNTAINS CONDOMINIUM OPERATIONS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4615 FOUNTAINS DR<br>LAKE WORTH FL 33467-2065<br>US | 4615 FOUNTAINS DR<br>LAKE WORTH FL 33467-2065<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-1570954 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| POULETTE, DEBBIE<br>4615 FOUNTAINS DR<br>LAKE WORTH FL 33467 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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.

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

| FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | Make Check Payable to Department of State |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ROTHSCHILD, BERT<br>4501 FOUNTIAINS DR S APT 105<br>LAKE WORTH FL 33467 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>STEINBERG, NATHAN<br>5279 FOUNTAINS DR S. 205<br>LAKE WORTH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>LAMBERT, ROBERT<br>4254-102 DE'ESTE COURT<br>LAKE WORTH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HOLTZER, BERNARD<br>5326 FOUNTAINS DR. SO<br>LAKE WORTH FL 33467 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>KRIEGER, HERBERT<br>5257 FOUNTAINS DR. SO. APT. 705<br>LAKE WORTH, FL 33467 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>GRUNDFAST, SAMUEL DR<br>4500 GEFION COURT APT 205<br>LAKE WORTH FL 33467 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>TAPPER, STANLEY<br>4471 LUXEMBURG CT., APT. 204<br>LAKE WORTH, FL 33467 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/17/01 561-964-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #