

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90029 025 ****61.25

DOCUMENT # 731853

1. Entity Name
FOUNTAINS CONDOMINIUM OPERATIONS, INC.



Principal Place of Business
4615 FOUNTAINS DR
LAKE WORTH, FL 33467-2065 US

Mailing Address
4615 FOUNTAINS DR
LAKE WORTH, FL 33467-2065 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4615 Fountains Dr. Suite B

Suite, Apt. #, etc.

4615 Fountains Drive Suite B

City & State

City & State

01102005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1570954

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POULETTE, DEBBIE
4615 FOUNTAINS DR
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. 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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME WISHNOFF, STANLEY
STREET ADDRESS 6816 PARISIAN WAY
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE PD ☒ Delete
NAME LAMBERT, ROBERT
STREET ADDRESS 4254-102 DE'ESTE COURT
CITY-ST-ZIP LAKE WORTH, FL

TITLE TD ☐ Delete
NAME KRIEGER, HERBERT
STREET ADDRESS 5257 FOUNTAIN DRIVE SOUTH APT 705
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE VD ☐ Delete
NAME TAPPER, STANLEY
STREET ADDRESS 4471 LUXEMBURG CT APT 204
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE VD ☐ Delete
NAME GLATTER, ARNOLD
STREET ADDRESS 6888 FOUNTAINS CIRCLE
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME Tapper, Stanley
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Stanley Tapper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05
Date

561-964-3600
Daytime Phone #