

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731853

FILED  
Jan 12, 2006  
Secretary of State

**Entity Name:** FOUNTAINS CONDOMINIUM OPERATIONS, INC.

**Current Principal Place of Business:**

4615 FOUNTAINS DR  
STE B  
LAKE WORTH, FL 334672065 US

**New Principal Place of Business:**

**Current Mailing Address:**

4615 FOUNTAINS DR  
STE B  
LAKE WORTH, FL 334672065 US

**New Mailing Address:**

**FEI Number:** 59-1570954

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POULETTE, DEBBIE  
4615 FOUNTAINS DR  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

POULETTE, DEBBIE  
4615 FOUNTAINS DR  
SUITE B  
LAKE WORTH, FL 33467 US

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:

01/12/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: WISHNOFF, STANLEY  
Address: 6816 PARISIAN WAY  
City-St-Zip: LAKE WORTH, FL 33467

Title: TD ( ) Delete  
Name: KRIEGER, HERBERT  
Address: 5257 FOUNTAIN DRIVE SOUTH APT 705  
City-St-Zip: LAKE WORTH, FL 33467

Title: PD ( ) Delete  
Name: TAPPER, STANLEY  
Address: 4471 LUXEMBURG CT APT 204  
City-St-Zip: LAKE WORTH, FL 33467

Title: VD ( ) Delete  
Name: GLATTER, ARNOLD  
Address: 6888 FOUNTAINS CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: LANDSMAN, RICHARD  
Address: 4753 FOUNTAINS DRIVE SOUTH  
City-St-Zip: LAKE WORTH, FL 33467

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBBIE POULETTE

MGR

01/12/2006

Electronic Signature of Signing Officer or Director

Date