

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731853

FILED
Jan 16, 2009
Secretary of State

Entity Name: FOUNTAINS CONDOMINIUM OPERATIONS, INC.

Current Principal Place of Business:

4615 FOUNTAINS DR
STE B
LAKE WORTH, FL 334672065 US

Current Mailing Address:

4615 FOUNTAINS DR
STE B
LAKE WORTH, FL 334672065 US

New Principal Place of Business:

4615 FOUNTAINS DR
STE B
LAKE WORTH, FL 33467 US

New Mailing Address:

4615 FOUNTAINS DR
STE B
LAKE WORTH, FL 33467 US

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
SUITE 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: VD () Delete
Name: LANDSMAN, RICHARD
Address: 4753 FOUNTAINS DRIVE SOUTH
City-St-Zip: LAKE WORTH, FL 33467

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

Title: PD () Delete
Name: HOROWITZ, MORTON
Address: 4833 ESEDRA COURT APT. 306
City-St-Zip: LAKE WORTH, FL 33467

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

Title: TD () Delete
Name: HOLTZER, BERNARD
Address: 5326 FOUNTAINS DRIVE SOUTH
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: MORTON HOROWITZ

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date