

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758734 (8)

1. Corporation Name

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO . 8



Principal Place of Business

Mailing Address

**4615 S. FOUNTAIN DR.
LAKE WORTH FL 33467
US**

**4615 S FOUNTAIN DR.
LAKE WORTH FL 33467
US**

3. Date Incorporated or Qualified

06/12/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 4615 FOUNTAINS DR.

26 4615 FOUNTAINS DR

4. FEI Number

59-2162771

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POULETTE, DEBBIE
4615 S. FOUNTAINS DRIVE
LAKE WORTH FL 33467**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
4615 FOUNTAINS DR.

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when running)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE
NAME **MARK, HAROLD**
STREET ADDRESS **4702 SOUNTAIN DR S. 303**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **PD** ☒ DELETE
NAME **STEIN, ISAAC B**
STREET ADDRESS **6716 VERSAILLES CT**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **TD** ☐ DELETE
NAME **MILLER, MEYER**
STREET ADDRESS **6781 VERSAILLES CT**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **D** ☐ DELETE
NAME **RAPPAPORT, ARNOLD**
STREET ADDRESS **4738 FOUNTAIN DR. S**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **VD** ☐ DELETE
NAME **HONIG, DONALD**
STREET ADDRESS **4750 FOUNTAINS DRIVE SOUTH**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **D** ☐ DELETE
NAME **KATZ, IRVING**
STREET ADDRESS **6708 VERSAILLES COURT**
CITY-ST-ZIP **LAKE WORTH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME **FROMM, HAROLD**
2.3 STREET ADDRESS **4702 FOUNTAINS DR. SO. # 103**
2.4 CITY-ST-ZIP **LAKE WORTH, FL 33467**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold Fromm

4-2-96 (407) 964-3600

Date:

Daytime Phone #

CR2E037 (12/95)