
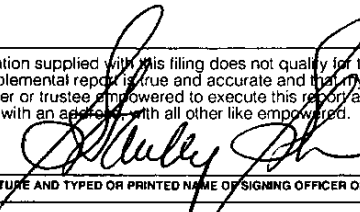


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-01-2005 90029 036 ****61.25

DOCUMENT # 758734 1. Entity Name THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO. 8					
Principal Place of Business 4615 FOUNTAINS DR LAKE WORTH, FL 33467 US			Mailing Address 4615 FOUNTAINS DR LAKE WORTH, FL 33467 US		
2. Principal Place of Business Suite, Apt. #, etc. Suite B City & State			3. Mailing Address Suite, Apt. #, etc. Suite B City & State		
Zip 		Country		4. FEI Number 59-2162771	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$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) Suite B 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREEDMAN, ELLIOT <input type="checkbox"/> Delete 4726 FOUNTAINS DR S LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Freedman, Elliott <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLOAN, STANLEY <input type="checkbox"/> Delete 4742 FOUNTAINS DE SO LAKE WORTH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Nopar, Evelyn <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4677 Fountains Drive South Lake Worth, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, MEYER <input checked="" type="checkbox"/> Delete 6781 VERSAILLES CT LAKE WORTH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cooper, Herbert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6781 Versailles Ct. Lake Worth, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HONIG, DON <input type="checkbox"/> Delete 4750 FOUNTAINS DR S LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANDSMAN, RICHARD <input type="checkbox"/> Delete 4753 FOUNTAINS DRIVE SOUTH LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 approval with all other like empowered.					
SIGNATURE:  Stanley Sloan 1/25/05 561-964-3600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50009066



01102005 Chg-NP CR2E037 (10/03)