

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90012 045 ****61.25

DOCUMENT # 758734

1. Entity Name
THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC.
NO. 8



Principal Place of Business
4615 FOUNTAINS DR
SUITE B
LAKE WORTH, FL 33467 US

Mailing Address
4615 FOUNTAINS DR
SUITE B
LAKE WORTH, FL 33467 US

40019330



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2162771

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **FREEDMAN, ELLIOT**
STREET ADDRESS **4726 FOUNTAINS DR S**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **V/D** ☐ Change ☒ Addition
NAME **Piver, Carl**
STREET ADDRESS **6761 Versailles Court**
CITY-ST-ZIP **Lake Worth FL 33467**

TITLE **VD** ☐ Delete
NAME **SLOAN, STANLEY**
STREET ADDRESS **4742 FOUNTAINS DE SO**
CITY-ST-ZIP **LAKE WORTH, FL**

TITLE **D** ☒ Change ☐ Addition
NAME **Sloan, Stanley**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **COOPER, HERBERT**
STREET ADDRESS **6781 VERSAILLES CT**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

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

TITLE **D** ☐ Delete
NAME **HONIG, DON**
STREET ADDRESS **4750 FOUNTAINS DR S**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

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

TITLE **PD** ☐ Delete
NAME **LANDSMAN, RICHARD**
STREET ADDRESS **4753 FOUNTAINS DRIVE SOUTH**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

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

TITLE **SD** ☐ Delete
NAME **PETRIE, JANET**
STREET ADDRESS **4770 FOUNTAINS DR. S. APT. 307**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08

Date

561-964-3600

Daytime Phone #