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 # 761175 (9)

1. Corporation Name

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO . 9

Principal Place of Business	Mailing Address
(THE) 4615 S FOUNTAIN DRIVE LAKE WORTH FL 33467-2065	4615 S. FOUNTAIN DR. 4615 S FOUNTAIN DRIVE LAKE WORTH FL 33467-2065 US

3. Date Incorporated or Qualified: 12/18/1981
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 4615 FOUNTAINS DR.
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 4615 FOUNTAINS DR.
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-2171993 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FRANK, ALFRED		1.2 NAME		
STREET ADDRESS	4661 FOUNTAINS DR. SO., #113		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SOLOW, JOSEPH		2.2 NAME		
STREET ADDRESS	4501 S. FOUNTAIN DR #106		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 00000		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	LAUB, HYMAN		3.2 NAME	ROTHSCHILD, BERT	
STREET ADDRESS	4661 FOUNTAIN DR. S #213		3.3 STREET ADDRESS	4501 SO. FOUNTAIN DR. #105	
CITY-ST-ZIP	LAKE WORTH, FL 00000		3.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	SD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BINSTOCK, SYLVIA		4.2 NAME		
STREET ADDRESS	4657 FOUNTAIN DR. S #208		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	GRAY, WALDO		5.2 NAME	ENGEL, HARRIET	
STREET ADDRESS	4657 FOUNTAINS DRIVE S. #103		5.3 STREET ADDRESS	4657 FOUNTAIN DR. SO. #105	
CITY-ST-ZIP	LAKE WORTH FL		5.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	MEISNER YETTA		6.2 NAME	DONAHUE, LARRY	
STREET ADDRESS	4661 FOUNTAINS DRIVE SO. 209		6.3 STREET ADDRESS	4661 FOUNTAIN DR. SO. #111	
CITY-ST-ZIP	LAKE WORTH FL		6.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	

CR2E037 (12/95)

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: Alfred Frank 4/9/96 (407) 964-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #