

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

**4615 FOUNTAINS DR
4615 S FOUNTAIN DRIVE
LAKE WORTH FL 33467-2065
US**

Mailing Address

**4615 FOUNTAINS DR
4615 S FOUNTAIN DRIVE
LAKE WORTH FL 33467-5065
US**3. Date Incorporated or Qualified
12/18/19813a. Date of Last Report
04/26/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.4. FEI Number
59-2171993Applied For
Not Applicable**22**
City & State**27**
City & State5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**23**
Zip

Country

28
Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees**24****25****29****30**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 FOUNTAINS DR
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

81 Name**82** Street Address (P.O. Box Number is Not Acceptable)**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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **FRANK, ALFRED**
STREET ADDRESS **4661 FOUNTAINS DR. SO., #113**
CITY-ST-ZIP **LAKE WORTH, FL 00000**TITLE **VD** ☐ DELETE
NAME **SOLOW, JOSEPH**
STREET ADDRESS **4501 S. FOUNTAIN DR #106**
CITY-ST-ZIP **LAKE WORTH, FL 00000**TITLE **TD** ☐ DELETE
NAME **ROTHSCHELD, BERT**
STREET ADDRESS **4501 SO FOUNTAIN DR #105**
CITY-ST-ZIP **LAKE WORTH FL**TITLE **D** ☐ DELETE
NAME **BINSTOCK, SYLVIA**
STREET ADDRESS **4657 FOUNTAIN DR. S #208**
CITY-ST-ZIP **LAKE WORTH FL**TITLE **SD** ☐ DELETE
NAME **ENGEL, HARRIET**
STREET ADDRESS **4657 FOUNTAIN DR SO #105**
CITY-ST-ZIP **LAKE WORTH FL**TITLE **D** ☐ DELETE
NAME **DONAHUE, LARRY**
STREET ADDRESS **4661 FOUNTAIN DR SO #111**
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-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE **FD** ☒ 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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

4/21/97

Date

561-964-3600

Daytime Phone # 0044011

CR2E037 (9/96)