

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90039 028 ****61.25

0046245

DOCUMENT # 761175

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 33467-2065
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/18/1981

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

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 VD
NAME FRANK, ALFRED
STREET ADDRESS 4661 FOUNTAINS DR. SO., #113
CITY-ST-ZIP LAKE WORTH, FL 00000

TITLE VD
NAME SOLOW, JOSEPH
STREET ADDRESS 4501 S. FOUNTAIN DR #106
CITY-ST-ZIP LAKE WORTH, FL 00000

TITLE PD
NAME ROTHSCHILD, BERT
STREET ADDRESS 4501 SO FOUNTAIN DR #105
CITY-ST-ZIP LAKE WORTH FL

TITLE SD
NAME BINSTOCK, SYLVIA
STREET ADDRESS 4657 FOUNTAIN DR. S #208
CITY-ST-ZIP LAKE WORTH FL

TITLE D
NAME PLUSHNER, RUBY
STREET ADDRESS 4657 FOUNTAINS DR. S. #205
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE TD
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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

14. 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 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, with all other like empowered

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (11/98)