

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 761175**

1. Entity Name

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90008 015 ****61.25

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**6 4 4 6 3 6**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2171993

Applied For

Not Applicable

Zip

Country

Zip

Country

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
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **FRANK, ALFRED**
STREET ADDRESS **4661 FOUNTAINS DR. SO., #113**
CITY-ST-ZIP **LAKE WORTH, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **SOLOW, JOSEPH**
STREET ADDRESS **4501 S. FOUNTAIN DR #106**
CITY-ST-ZIP **LAKE WORTH, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **ROTHSCHELD, BERT**
STREET ADDRESS **4501 SO FOUNTAIN DR #105**
CITY-ST-ZIP **LAKE WORTH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **BINSTOCK, SYLVIA**
STREET ADDRESS **4657 FOUNTAIN DR. S #208**
CITY-ST-ZIP **LAKE WORTH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **PLUSHNER, RUBY**
STREET ADDRESS **4657 FOUNTAINS DR. S. #205**
CITY-ST-ZIP **LAKE WORTH FL 33467**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **DONAHUE, LARRY**
STREET ADDRESS **4661 FOUNTAIN DR SO #111**
CITY-ST-ZIP **LAKE WORTH FL**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 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 address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/01

561-964-3600

CR2E037 (10/00)