


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90038 047 ****61.25

DOCUMENT # N47073	
1. Entity Name THE FOUNTAINS OF PALM BEACH CONDOMINIUM NO. 6, INC.	

Principal Place of Business 4615 FOUNTAINS DR SUITE B LAKE WORTH, FL 33467-5065 US	Mailing Address 4615 FOUNTAINS DR SUITE B LAKE WORTH, FL 33467-5065 US
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40007128



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

01102007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1511440		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 33467-4997		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, 2007**

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	PD	<input type="checkbox"/> Delete		TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUVAL, ROBERT			NAME			
STREET ADDRESS	4304 FOUNTAINS DR			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHLOSSBERG, WILLIAM			NAME			
STREET ADDRESS	4332 FOUNTAINS DR.			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL			CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINBERG, EDWARD			NAME			
STREET ADDRESS	4328 FOUNTAINS DR			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARGULIES, MADELYN			NAME			
STREET ADDRESS	4400 FOUNTAINS DR.			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHESTER, HARRY			NAME			
STREET ADDRESS	4408 FOUNTAINS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IRENE, CHESTER			NAME			
STREET ADDRESS	4408 FOUNTAINS DR			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467			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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/07