


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90012 043 ****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 | | |
| 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 | 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PDT | <input type="checkbox"/> Delete | TITLE | <input 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 | 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 checked="" 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 | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date: 1/22/08 Daytime Phone #: 561-964-3600 | | |