## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N47073

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

Entity Name: THE FOUNTAINS OF PALM BEACH CONDOMINIUM NO. 6, INC.

**Current Principal Place of Business:** New Principal Place of Business:

4615 FOUNTAINS DR 4615 FOUNTAINS DR

SUITE B SUITE B

LAKE WORTH, FL 334675065 US LAKE WORTH, FL 33467 US

**Current Mailing Address: New Mailing Address:** 

4615 FOUNTAINS DR 4615 FOUNTAINS DR

SUITE B SUITE B LAKE WORTH, FL 334675065 US LAKE WORTH, FL 33467 US

FEI Number: 59-1511440 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

POULETTE, DEBBIE 4615 FOUNTAINS DR SUITE B

LAKE WORTH, FL 334674997 US

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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PDT () Delete (X) Change ( ) Addition SUVAL, ROBERT SUVAL, ROBERT Name: Name: 4304 FOUNTAINS DR Address: 4304 FOUNTAINS DR Address: City-St-Zip: LAKE WORTH, FL City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Delete Title: (X) Change ( ) Addition SCHLOSSBERG, WILLIAM, Name: SCHLOSSBERG, WILLIAM Name:

Address: 4332 FOUNTAINS DR. Address: 4332 FOUNTAINS DR. City-St-Zip: LAKE WORTH, FL City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete Title: (X) Change ( ) Addition

MARGULIES, MADELYN, MARGULIES, MADELYN Name: Name: 4400 FOUNTAINS DR. Address: Address: 4400 FOUNTAINS DR. City-St-Zip: LAKE WORTH, FL City-St-Zip: LAKE WORTH, FL 33467

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

Name: IRENE, CHESTER Name: CHESTER, IRENE Address: 4408 FOUNTAINS DR Address: 4408 FOUNTAINS DR City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete Title: ( ) Change (X) Addition

HUBAL, GERALD Name: Name: 4310 FOUNTAINS DRIVE Address: Address: City-St-Zip: City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SUVAL **PRES** 01/16/2009