

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-31-2007 90039 047 \*\*\*\*61.25

**DOCUMENT # N94000005444**

1. Entity Name  
**OAKMONT AT THE FOUNTAINS HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**4615 FOUNTAINS DRIVE  
STE B  
LAKE WORTH, FL 33467 US**

Mailing Address  
**4615 FOUNTAINS DRIVE  
STE B  
LAKE WORTH, FL 33467 US**

40007178



01102007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0566834**

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 DRIVE  
STE B  
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. 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 **VD** ☐ Delete  
NAME **KANTROWITZ, WALTER**  
STREET ADDRESS **5502 FOUNTAINS DR. SOUTH**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **DSV** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **JACOBS, GEORGE**  
STREET ADDRESS **5754 FOUNTAINS DRIVE SOUTH**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5574 FOUNTAINS DR. SO.**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LEHR, HOWARD**  
STREET ADDRESS **5761 FOUNTAINS DRIVE SOUTH**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **DV** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5461 FOUNTAINS DR. SO.**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KOLKER, ALAN**  
STREET ADDRESS **5760 FOUNTAINS DRIVE SOUTH**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **CASTRILLON, SHARON**  
STREET ADDRESS **5755 FOUNTAINS DRIVE SOUTH**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☒ Change ☐ Addition  
NAME **HARRINGTON, SHARON**  
STREET ADDRESS **5772 FOUNTAINS DR. SO.**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **TD** ☐ Delete  
NAME **PATALANO, SUSAN**  
STREET ADDRESS **5443 FOUNTAINS DRIVE S**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

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 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

1/26/07

Date

Daytime Phone #