

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-07-2008 90012 008 \*\*\*\*61.25

<b>DOCUMENT # N94000005444</b>					
<b>1. Entity Name</b> OAKMONT AT THE FOUNTAINS HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4615 FOUNTAINS DRIVE STE B LAKE WORTH, FL 33467 US			<b>Mailing Address</b> 4615 FOUNTAINS DRIVE STE B LAKE WORTH, FL 33467 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0566834	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  POULETTE, DEBBIE 4615 FOUNTAINS DRIVE STE B LAKE WORTH, FL 33467			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DSV KANTROWITZ, WALTER 5502 FOUNTAINS DR. SOUTH LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P/D Kantrowitz, Walter <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, GEORGE 5574 FOUNTAINS DRIVE SO. LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DV LEHR, HOWARD 5461 FOUNTAINS DR SO LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	V/D Harrington, Sharrn 5772 Fountains Dr S Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D KOLKER, ALAN 5760 FOUNTAINS DRIVE SOUTH LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD CASTRILLON, SHARON 5755 FOUNTAINS DRIVE SOUTH LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	V/D Anons, Sheila 5766 Fountains Dr S Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD PATALANO, SUSAN 5443 FOUNTAINS DRIVE S LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S/O Wilson, Molly 5430 Fountains Dr S Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>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 authority like empowered.</b>					
<b>SIGNATURE:</b>			Date: 2/4/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 561-964-3600		