

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005444

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

4615 FOUNTAINS DRIVE
STE B
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

4615 FOUNTAINS DRIVE
STE B
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 65-0566834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POULETTE, DEBBIE
4615 FOUNTAINS DRIVE
STE B
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

DEBBIE POULETTE
4615 FOUNTAINS DRIVE
STE B
LAKE WORTH, FL 33467 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: DEBBIE POULETTE

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KANTROWITZ, WALTER
Address: 5502 FOUNTAINS DR. SOUTH
City-St-Zip: LAKE WORTH, FL 33467

Title: PD () Delete
Name: JACOBS, GEORGE
Address: 5574 FOUNTAINS DRIVE SO.
City-St-Zip: LAKE WORTH, FL 33467

Title: VD () Delete
Name: HARRINGTON, SHARON
Address: 5772 FOUNTAINS DR S
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: KOLKER, ALAN
Address: 5760 FOUNTAINS DRIVE SOUTH
City-St-Zip: LAKE WORTH, FL 33467

Title: VD () Delete
Name: ARONS, SHEILA
Address: 5766 FOUNTAINS DR S
City-St-Zip: LAKE WORTH, FL 33467

Title: TD (X) Delete
Name: PATALANO, SUSAN
Address: 5443 FOUNTAINS DRIVE S
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: PATALANO, SUSAN
Address: 5443 FOUNTAINS DRIVE S
City-St-Zip: LAKE WORTH, F 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WALTER KANTROWITZ

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date