

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729070

Entity Name: THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO. 7**Current Principal Place of Business:**4615 FOUNTAINS DR.
STE B
LAKE WORTH, FL 33467**Current Mailing Address:**4615 FOUNTAINS DR.
STE B
LAKE WORTH, FL 33467 US**FEI Number:** 59-1577287**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POULETTE, DEBBIE
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D, SECRETARY
Name	MESGER, ROBIN
Address	4130 TIVOLI CT #303
City-State-Zip:	LAKE WORTH FL 33467

Title	D
Name	SENNETT, YELENA
Address	4108 TIVOLI COURT
City-State-Zip:	LAKE WORTH FL 33467

Title	D, PRESIDENT
Name	KRIEG, SHELLY
Address	4120 TIVOLI COURT APT. 102
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR, VP
Name	RICCARDI, RICK
Address	4100 TIVOLI COURT APT. 303
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	KAUFMAN, RUTH
Address	4130 TIVOLI COURT APT. 201
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR, TREASURER
Name	MASIN, MARC
Address	4110 TIVOLI COURT APT. 106
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	MESSINA, PATRICIA
Address	4110 TIVOLI COURT APT. 107
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	WINKLER, GENEVA
Address	4110 TIVOLI COURT #208
City-State-Zip:	LAKE WORTH FL 33467

I hereby 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 all other like empowered.

SIGNATURE: SHELLY KRIEG**PRESIDENT****02/15/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date