

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 729070

**Entity Name:** THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO. 7

**FILED**  
**Apr 14, 2022**  
**Secretary of State**  
**4246995827CC**

**Current Principal Place of Business:**

C/O GRS COMMUNITY MANAGEMENT  
3900 WOODLAKE BLVD. SUITE 309  
LAKE WORTH, FL 33463

**Current Mailing Address:**

C/O GRS COMMUNITY MANAGEMENT  
3900 WOODLAKE BLVD. SUITE 309  
LAKE WORTH, FL 33463 US

**FEI Number: 59-1577287**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WASSERSTEIN, P.A.  
301 YAMATO ROAD  
SUITE 2199  
BOCA RATON, FL 33431 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 VP  
Name MESGER, ROBIN  
Address C/O GRS COMMUNITY MANAGEMENT  
3900 WOODLAKE BLVD. SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name RICCARDI, RICK  
Address C/O GRS COMMUNITY MANAGEMENT  
3900 WOODLAKE BLVD. SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY  
Name LAMBERT, KARLA  
Address C/O GRS COMMUNITY MANAGEMENT  
3900 WOODLAKE BLVD. SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT  
Name SENNETT, YELENA  
Address C/O GRS COMMUNITY MANAGEMENT  
3900 WOODLAKE BLVD. SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title TREASURER  
Name MASIN, MARC  
Address C/O GRS COMMUNITY MANAGEMENT  
3900 WOODLAKE BLVD. SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name KASOW, GRACE  
Address C/O GRS COMMUNITY MANAGEMENT  
3900 WOODLAKE BLVD. SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

*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: YELENA SENNETT**

**BOARD PRESIDENT**

**04/14/2022**

Electronic Signature of Signing Officer/Director Detail

Date