

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 FEB 17 PM 3 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752237 (8)
1. Corporation Name
POINCIANA PLACE CONDOMINIUM ASSOCIATION VI, INC.

Principal Place of Business Mailing Address
7187 THOMPSON ROAD LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/30/1980
3a. Date of Last Report 05/01/1994
4. FEI Number 59-2166050
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HUCKABY, JANET
7187 THOMPSON ROAD
LANTANA FL 33462

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BOGDONOFF, HAROLD
STREET ADDRESS	3425 POINCIANA DR.
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D
NAME	SHAFFER, MILTON
STREET ADDRESS	3425 POINCIANA DR.,
CITY-ST-ZIP	LAKE WORTH FL
TITLE	T
NAME	SHARIN, JACK
STREET ADDRESS	3425 POINCIANA DR.
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	D
NAME	OSOFSKY, ABE.
STREET ADDRESS	3425 POINCIANA DR.
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D
NAME	LIVERMAN, LEONARD
STREET ADDRESS	3425 POINCIANA DR.
CITY-ST-ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MILTON BOGDONOFF
2.3 STREET ADDRESS	3425 POINCIANA DR
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GERT FRIEDMAN
3.3 STREET ADDRESS	3425 POINCIANA DR
3.4 CITY-ST-ZIP	LAKE WORTH FL 33467
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP DAVID WOLFF
4.3 STREET ADDRESS	3425 POINCIANA DR
4.4 CITY-ST-ZIP	LAKE WORTH FL 33467
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 recorder, and am empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) on an attachment with my address.

SIGNATURE: *Harold Bogdonoff*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2-10-95

(407) 465-4486

Date Date of Filing