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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 7187 THOMPSON ROAD, LANTANA FL 33462
Mailing Address: 7187 THOMPSON ROAD, LANTANA FL 33462-3949

3. Date Incorporated or Qualified: 04/30/1980
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

4. FEI Number: 59-2168050
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
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
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Janet Huckaby* JANET HUCKABY DATE: 1-31-97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BOGDONOFF, HAROLD	
STREET ADDRESS	3425 POINCIANA DR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOGDONOFF, MIRIAM	
STREET ADDRESS	3425 POINCIANA DR.,	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, GERT	
STREET ADDRESS	3425 POINCIANA DR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WOLFF, DAVID	
STREET ADDRESS	3425 POINCIANA DR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LIVERMAN, LEONARD	
STREET ADDRESS	3425 POINCIANA DR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		HAROLD BOGDONOFF	
1.3 STREET ADDRESS		3425 POINCIANA DR	
1.4 CITY-ST-ZIP		LAKE WORTH, FL 33467	
2.1 TITLE	D	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		MIRIAM BOGDONOFF	
2.3 STREET ADDRESS		3425 POINCIANA DR	
2.4 CITY-ST-ZIP		LAKE WORTH, FL 33467	
3.1 TITLE	T	SECRETARY / TREASURER	<input checked="" type="checkbox"/> Change <input 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	D	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		MILTON SHAFFER	
4.3 STREET ADDRESS		3465 POINCIANA DRIVE	
4.4 CITY-ST-ZIP		LAKE WORTH, FL 33467	
5.1 TITLE			<input 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harold Bogdonoff, President* DATE: 1-30-97 (561) 965-4486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (9/96)