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03-11-1999 90127 005 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 752237

1. Corporation Name
POINCIANA PLACE CONDOMINIUM ASSOCIATION VI, INC.

* 2 1218719-90127-5

Principal Place of Business
 7187 THOMPSON ROAD
 LANTANA FL 33462

Mailing Address
 7187 THOMPSON ROAD
 LANTANA FL 33462



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/30/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2166050
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUCKABY, JANET 7187 THOMPSON ROAD LANTANA FL 33462	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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGDONOFF, HAROLD	1.2 NAME	
STREET ADDRESS	3425 POINCIANA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGDONOFF, MIRIAM	2.2 NAME	
STREET ADDRESS	3425 POINCIANA DR.,	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDMAN, GERT	3.2 NAME	Blum, DAVID
STREET ADDRESS	3425 POINCIANA DR.	3.3 STREET ADDRESS	3425 POINCIANA DRIVE
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, MILTON	4.2 NAME	
STREET ADDRESS	3465 POINCIANA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	LIVERMAN, LEONARD
STREET ADDRESS		5.3 STREET ADDRESS	3465 POINCIANA DR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* 3-8-99 (561) 965-4486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)