## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 06, 2001 8:00 am Secretary of State DOCUMENT # 752237 02-08-2001 90164 040 \*\*\*\*61.25 POINCIANA PLACE CONDOMINIUM ASSOCIATION VI. INC. Principal Place of Business Mailing Address ASSOCIATION MANAGEMENT ASSOCIATION MANAGEMENT 40100 7187 THOMPSON RD 7187 THOMPSON RD **BOYNTON BEACH FL 33467 BOYNTON BEACH FL 33467** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FFLNumber City & State 59-2166050 Not Applicable \$8.75 Additional Fee Required Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HUCKABY, JANET C/O ASSOCIATION MANAGEMENT GROUP 7187 THOMPSON RD Zip Code City **BOYNTON BEACH FL 33426** 8. 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees . Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CH2E037 (10/00) Change Delete TITLE TITLE Dopals. NAME BOGDONOFF, HAROLD # 304 Poinciana STREET ADDRESS STREET ADDRESS 3425 POINCIANA DR. CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL Delete TILE TITLE Annette Woore NUME BOGDONOFF, MIRIAM NAME YOS # Poinciana 34 25 STREET ADDRESS STREET ADDRESS 3425 POINCIANA DR., CITY-ST-7IP Moczhi CITY-ST-ZIP LAKE WORTH FL Addition Oelete\_\_\_\_\_ TITE F MILE. GEFFERDE NAME NAME MOORE, ANNETTE 3425 via Poinciana STREET ADDRESS STREET ADDRESS 3425 POINCIANA DR. LAKE Worth CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 Addition | Delete TITLE TITLE Shaffer, milton 2425 via Poinciana H 404 MANAG NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ake Worth CITY-ST-718 Addition ☐ Delete TITLE Howek, Jop TITLE NAME NAME Poinciana #303 34 みち STREET ADDRESS STREET ADDRESS LAKE Month ٦٤٠ CITY-ST-ZIP 33467 CITY-ST-ZIP Addition Delate TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

2/8

FILED

DONALD STAPLE

SIGNATURE: