

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90194 003 \*\*\*\*61.25

0034343

**DOCUMENT # 752237**

1. Entity Name

**POINCIANA PLACE CONDOMINIUM ASSOCIATION VI, INC.**

Principal Place of Business

Mailing Address

~~ASSOCIATION MANAGEMENT  
 7187 THOMPSON RD  
 BOYNTON BEACH FL 33467~~

~~ASSOCIATION MANAGEMENT  
 7187 THOMPSON RD  
 BOYNTON BEACH FL 33467~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*Management Services*  
 OF AMERICA, INCORPORATED

Suite, Apt. #, etc.

*Same*



DO NOT WRITE IN THIS SPACE

City & State

**639 East Ocean Avenue, Suite 204**

City & State

4. FEI Number

**59-2166050**

Applied For

Not Applicable

Zip

**Boynton Beach, Florida 33435**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HUCKABY, JANET  
 C/O ASSOCIATION MANAGEMENT GROUP  
 7187 THOMPSON RD  
 BOYNTON BEACH FL 33426~~

Name

*JANET HUCKABY*  
*Management Services*  
 OF AMERICA, INCORPORATED

Street Address

**639 East Ocean Avenue, Suite 204**

City

**Boynton Beach, Florida 33435**

**FL**

Zip Code

**33435**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

*Janet Huckaby*

(NOTE: Registered Agent signature required when reinstating)

**3-12-02**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	STAPLE, DONALD	
STREET ADDRESS	3425 VIA POINCIANA #304	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MOORE, ANNETTE	
STREET ADDRESS	3425 POINCIANA DR.,	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOORE, ANNETTE	
STREET ADDRESS	3425 POINCIANA DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, GERTRUDE	
STREET ADDRESS	3425 VIA POINCIANA 302	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAFFER, MILTON	
STREET ADDRESS	3425 VIA POINCIANA 404	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOUCK, JON	
STREET ADDRESS	3425 VIA POINCIANA 303	
CITY-ST-ZIP	LAKE WORTH FL 33467	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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.

SIGNATURE:

*Janet Huckaby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(561) 752-9922**

Date: 3-12-02 Office Phone #

CR2E037 (9/01)