


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90365 003 ****61.25

DOCUMENT # 752237

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



Principal Place of Business
**MANAGEMENT SERVICES
 639 EAST OCEAN AVENUE, SUITE 204
 BOYNTON BEACH, FL 33435**

Mailing Address
**MANAGEMENT SERVICES
 639 EAST OCEAN AVENUE, SUITE 204
 BOYNTON BEACH, FL 33435**

2. Principal Place of Business
**7700 Congress Ave
 Suite, Apt. #, etc.
 Suite 1128
 City & State
 Boca Raton
 Zip
 33487 Country
 USA**

3. Mailing Address
**7700 Congress Ave
 Suite, Apt. #, etc.
 Suite 1128
 City & State
 Boca Raton, FL
 Zip
 33487 Country
 USA**

40073974



02072006 Chg-NP CR2E037 (11/05)

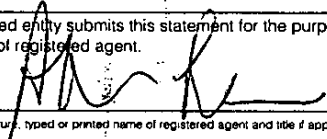
4. FEI Number
59-2166050 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HUCKABY, JANET
 MANAGEMENT SERVICES
 639 EAST OCEAN AVENUE, SUITE 204
 BOYNTON BEACH, FL 33435**

7. Name and Address of New Registered Agent
 Name **Management Services of America**
 Street Address (P.O. Box Number is Not Acceptable)
**7700 Congress Avenue
 Suite 1128**
 City **Boca Raton** FL Zip Code **33487**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Alan Levin** 4/26/06
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to State Department of State

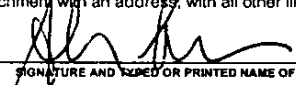
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HOUCK, JENNIE	
STREET ADDRESS	3425 VIA POINCIANA DR #303	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOORE, ANNETTE	
STREET ADDRESS	3425 VIA POINCIANA DR #204	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	B	<input type="checkbox"/> Delete
NAME	PAGNOTTA, AL	
STREET ADDRESS	3425 VIA POINCIANA DR #307	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAU, LORRAINE	
STREET ADDRESS	3425 VIA POINCIANA DR #108	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Josephine Miano	
STREET ADDRESS	3425 Via Poinciana Dr. # 308	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerome Smooke	
STREET ADDRESS	3425 Via Poinciana Dr # 102	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  **Alan Levin** 4.26.06 5619881888
 Signature and typed or printed name of signing officer or director Date Daytime Phone #