
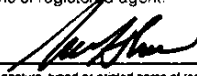
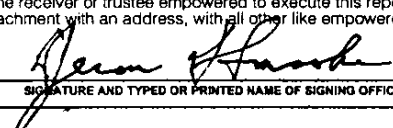


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90075 001 ****61.25

DOCUMENT # 752237					
1. Entity Name POINCIANA PLACE CONDOMINIUM ASSOCIATION VI, INC.					
Principal Place of Business 7700 CONGRESS AVE SUITE 1128 BOCA RATON, FL 33487		Mailing Address 7700 CONGRESS AVE SUITE 1128 BOCA RATON, FL 33487			
2. Principal Place of Business - No P.O. Box # 3150 VIA POINCIANA		3. Mailing Address 3150 VIA POINCIANA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE WORTH		City & State FLORIDA		4. FEI Number 59-2166050	
Zip 33467		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Zip 33467		Country	
6. Name and Address of Current Registered Agent MANAGEMENT SERVICES OF AMERICA 7700 CONGRESS AVE SUITE 1128 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name PMS CORP Street Address (P.O. Box Number is Not Acceptable) 3150 VIA POINCIANA City LAKE WORTH, FL Zip Code 33467		
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  PAUL S. SHAPIRO				DATE 1/17/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOUCK, JENNIE 3425 VIA POINCIANA DR #303 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, ANNETTE 3425 VIA POINCIANA DR #204 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAGNOTTA, AL 3425 VIA POINCIANA DR #307 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIANO, JOSEPHINE 3425 VIA POINCINA DR SUITE 308 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOOKE, JEROME 3425 VIA POINCIANA DR SUITE 102 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: 			DATE 1/17/07		DAYTIME PHONE # 561 281 3524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		DAYTIME PHONE #