


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90019 046 ****61.25

DOCUMENT # 752237

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



Principal Place of Business
**3150 VIA POINCIANA
 LAKE WORTH, FL 33467**

Mailing Address
**3150 VIA POINCIANA
 LAKE WORTH, FL 33467**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.


City & State
 City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**PMS CORP
 3150 VIA POINCIANA
 LAKE WORTH, FL 33467**

40027110



01152008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2166050

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SMOOKE, JEROME	
STREET ADDRESS	3425 VIA POINCIANA # 102	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	DT	<input type="checkbox"/> Delete
NAME	VALDES, MIRIAM	
STREET ADDRESS	3425 VIA POINCIANA # 101	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MATESKY, DIANE	
STREET ADDRESS	3425 VIA POINCIANA DR # 106	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MOORE, ANNETTE	
STREET ADDRESS	3425 VIA POINCINA # 204	
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	<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
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
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 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: _____ **2/7/08** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #