

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752237

FILED
Apr 16, 2009
Secretary of State

Entity Name: POINCIANA PLACE CONDOMINIUM ASSOCIATION VI, INC.

Current Principal Place of Business:

3150 VIA POINCIANA
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

3150 VIA POINCIANA
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 59-2166050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PMS CORP
3150 VIA POINCIANA
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SMOOKE, JEROME
Address: 3425 VIA POINCIANA # 102
City-St-Zip: LAKE WORTH, FL 33467 US

Title: DT () Delete
Name: VALDES, MIRIAM
Address: 3425 VIA POINCIANA # 101
City-St-Zip: LAKE WORTH, FL 33467 US

Title: DS () Delete
Name: MATESKY, DIANE
Address: 3425 VIA POINCIANA DR # 106
City-St-Zip: LAKE WORTH, FL 33467 US

Title: DVP () Delete
Name: MOORE, ANNETTE
Address: 3425 VIA POINCINA # 204
City-St-Zip: LAKE WORTH, FL 33467 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME SMOOKE

DP

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date