

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **756559** (1)
1. Corporation Name
CARLISLE AT POINCIANA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **6850-10TH AVE. N. LAKE WORTH FL 33467**
Mailing Address: **6850-10TH AVE. N. LAKE WORTH FL 33467**

3. Date Incorporated or Qualified: **02/27/1981**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2166581		Not Applicable	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
						8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PMS CORP. 3150 VIA POINCIANA LAKE WORTH FL 33467				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORKIN, MARVIN	12 NAME	BRESNIK, BUD
STREET ADDRESS	6850 10 AVE N.	13 STREET ADDRESS	6850 10TH AVE N
CITY-ST-ZIP	LAKE WORTH FL	14 CITY-ST-ZIP	LAKE WORTH, FL.
TITLE	S <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, PAUL	22 NAME	
STREET ADDRESS	6850 10TH AVE N	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	24 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, ABE	32 NAME	COLTER, GIDEON
STREET ADDRESS	6850 10 AVE N.	33 STREET ADDRESS	6850 10TH AVE N
CITY-ST-ZIP	LAKE WORTH FL	34 CITY-ST-ZIP	LAKE WORTH, FL.
TITLE	P <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAXMAN, BUD	42 NAME	
STREET ADDRESS	6850 10 AVE N.	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOM, GERTRUDE	52 NAME	
STREET ADDRESS	6850 10 AVE N.	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Bud Waxman DATE: 2/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE: 407 439-3497

CR2E037 (12/95)