

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

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

02-18-2008 90019 041 \*\*\*\*61.50



**DOCUMENT # 756559**

1. Entity 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**

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

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

City & State  
City & State

4. FEI Number: **59-2166581** Applied For:  Not Applicable:

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

1st MOORE CR2E037 (10/07)



6. Name and Address of Current Registered Agent  
**PMS CORP.  
3150 VIA POINCIANA  
LAKE WORTH FL 33467**

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)

**FILE NOW: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>S</b>	<input type="checkbox"/> Delete NAME: <b>SILVER, MORRIS</b> STREET ADDRESS: <b>6850 10TH AVE N</b> CITY-ST-ZIP: <b>LAKE WORTH FL</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>T</b>	<input checked="" type="checkbox"/> Delete NAME: <b>CEDAR, MILTON</b> STREET ADDRESS: <b>6850 6TH AVE N</b> CITY-ST-ZIP: <b>LAKE WORTH FL 33467</b>	TITLE: <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>BUD WAXMAN</b> STREET ADDRESS: <b>6850 10TH AVE N</b> CITY-ST-ZIP: <b>LAKE WORTH FL 33467</b>
TITLE: <b>D</b>	<input checked="" type="checkbox"/> Delete NAME: <b>REALIN, S</b> STREET ADDRESS: <b>6850 10TH AVE N 216</b> CITY-ST-ZIP: <b>LAKE WORTH FL 33467</b>	TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>LEN GENOVESE</b> STREET ADDRESS: <b>6850 10TH AVE N</b> CITY-ST-ZIP: <b>LAKE WORTH FL 33467</b>
TITLE: <b>P</b>	<input type="checkbox"/> Delete NAME: <b>WAXMAN, BUD</b> STREET ADDRESS: <b>6850 10 AVE N</b> CITY-ST-ZIP: <b>LAKE WORTH FL</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>DT</b>	<input checked="" type="checkbox"/> Delete NAME: <b>SHUMAN, FRANK</b> STREET ADDRESS: <b>6850 10TH AVE. N. #204</b> CITY-ST-ZIP: <b>LAKE WORTH FL 33467</b>	TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>M. BRUSILOV</b> STREET ADDRESS: <b>6850 6TH AVE N</b> CITY-ST-ZIP: <b>LAKE WORTH FL 33467</b>
TITLE: <b>D</b>	<input type="checkbox"/> Delete NAME: <b>TROTTA, ROSEANOG</b> STREET ADDRESS: <b>6850 10TH AVE N</b> CITY-ST-ZIP: <b>LAKE WORTH FL 33467</b>	TITLE: <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 Section 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: Bud Waxman - Bud Waxman **561 439 3497**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR