

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761757

1. Entity Name

POINCIANA LAKES RECREATION ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90071 002 ****61.25

Principal Place of Business

3150 VIA POINCIANA
 LAKE WORTH FL 33467

Mailing Address

3150 VIA POINCIANA
 LAKE WORTH FL 33467-1483

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-25 16863

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PROPERTY MANAGEMENT SERVICE 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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SHAPIRO, EDWARD | |
| STREET ADDRESS | 3154 VIA POINCIANA 109 | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | GOTTESMAN, HELEN | |
| STREET ADDRESS | 3178 VIA POINCIANA #204 | |
| CITY-ST-ZIP | LAKE WORTH FL 33467 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | GILLMAN, HAROLD | |
| STREET ADDRESS | 3186 POINCIANA DR | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | CARECCIA, JOSEPH | |
| STREET ADDRESS | 3138 VIA POINCIANA #203 | |
| CITY-ST-ZIP | LAKE WORTH FL 33467 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | GREENWALD, MARVIN | |
| STREET ADDRESS | 3146 VIA POINCIANA #117 | |
| CITY-ST-ZIP | LAKE WORTH FL 33467 | |
| 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 | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOLAR, WILLIAM | |
| STREET ADDRESS | 3178 VIA POINCIANA | |
| CITY-ST-ZIP | LAKE WORTH, FL. 33467 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAL STRAUSS | |
| STREET ADDRESS | 3138 VIA POINCIANA | |
| CITY-ST-ZIP | LAKE WORTH, FL. 33467 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROZIK, WILLIAM | |
| STREET ADDRESS | 3146 VIA POINCIANA | |
| CITY-ST-ZIP | LAKE WORTH, FL. 33467 | |
| 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 exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00 *361-641-0960*

Date

Daytime Phone #

CF12E037 (9/99)