

# 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)