


FILED

Feb 21, 2005 08:00 AM

Secretary of State

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 761757			
1. Entity Name POINCIANA LAKES RECREATION ASSOCIATION, INC.			
Principal Place of Business 3150 VIA POINCIANA LAKE WORTH, FL 33467		Mailing Address 3150 VIA POINCIANA LAKE WORTH, FL 33467	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PROPERTY MANAGEMENT SERVICE CORP 3150 VIA POINCIANA LAKE WORTH, FL 33467		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 _____ <small>Signature, typed or printed name of registered agent and, if applicable, (N/A) Registered Agent signature required when withdrawing.</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, EDWARD	NAME	
STREET ADDRESS	3154 VIA POINCIANA 109	STREET ADDRESS	110000237616
CITY-ST-ZIP	LAKE WORTH, FL	CITY-ST-ZIP	02/21/05-80066-005 61.25
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROZIK, WILLIAM	NAME	
STREET ADDRESS	3146 VIA POINCIANA	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER, GILBERT	NAME	
STREET ADDRESS	3186 VIA PONCIANA #305	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE: 2/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR