


## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 761757</b> 1. Entity Name <b>POINCIANA LAKES RECREATION ASSOCIATION, INC.</b>		
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 - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip		Zip
Country		Country
<b>6. Name and Address of Current Registered Agent</b>  <b>PROPERTY MANAGEMENT SERVICE CORP</b> <b>3150 VIA POINCIANA</b> <b>LAKE WORTH, FL 33467</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <span style="border: 1px solid black; padding: 2px;">FL</span> <span style="margin-left: 20px;">Zip Code</span> </div>
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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____		
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
Make check payable to Florida Department of State		
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
TITLE: D NAME: SHAPIRO, EDWARD STREET ADDRESS: 3154 VIA POINCIANA 109 CITY-ST-ZIP: LAKE WORTH, FL	<input checked="" type="checkbox"/> Delete	TITLE: DP NAME: Gleason, Fran STREET ADDRESS: 3138 Via Poinciana #210 LW, FL, 3 CITY-ST-ZIP: LAKE WORTH, FL 33467
TITLE: D NAME: BROZIK, WILLIAM STREET ADDRESS: 3148 VIA POINCIANA CITY-ST-ZIP: LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE: DS NAME: Gottesmann, Helen DS STREET ADDRESS: 3178 Via Poinciana CITY-ST-ZIP: Lake Worth, FL 33467
TITLE: D NAME: GUTTESMANV, HELFU STREET ADDRESS: 5178 VIA POIN CUK CITY-ST-ZIP: LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE: DT NAME: Levin, David STREET ADDRESS: 3186 Via Poinciana #311 CITY-ST-ZIP: Lake Worth, FL 33467
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: D NAME: Shapiro, Edward STREET ADDRESS: 3154 Via Poinciana #109 CITY-ST-ZIP: Lake Worth, FL 33467
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.		
<b>SIGNATURE:</b> <i>Fran Gleason</i>		Date: <i>7/19/07</i> 561-967-7367

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07 JUL 11 PM 2:18  
SECRETARY OF STATE



06212007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2516863** Applied For Not Applicable

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

**FL** Zip Code

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

TITLE	Delete
NAME: SHAPIRO, EDWARD STREET ADDRESS: 3154 VIA POINCIANA 109 CITY-ST-ZIP: LAKE WORTH, FL	<input checked="" type="checkbox"/>
NAME: BROZIK, WILLIAM STREET ADDRESS: 3148 VIA POINCIANA CITY-ST-ZIP: LAKE WORTH, FL 33467	<input checked="" type="checkbox"/>
NAME: GUTTESMANV, HELFU STREET ADDRESS: 5178 VIA POIN CUK CITY-ST-ZIP: LAKE WORTH, FL 33467	<input checked="" type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>

TITLE	Change	Addition
NAME: Gleason, Fran STREET ADDRESS: 3138 Via Poinciana #210 LW, FL, 3 CITY-ST-ZIP: LAKE WORTH, FL 33467	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME: Gottesmann, Helen DS STREET ADDRESS: 3178 Via Poinciana CITY-ST-ZIP: Lake Worth, FL 33467	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME: Levin, David STREET ADDRESS: 3186 Via Poinciana #311 CITY-ST-ZIP: Lake Worth, FL 33467	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME: Shapiro, Edward STREET ADDRESS: 3154 Via Poinciana #109 CITY-ST-ZIP: Lake Worth, FL 33467	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>

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**SIGNATURE:** *Fran Gleason* Date: *7/19/07* 561-967-7367