

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769166 (0)

1. Corporation Name

GRAMERCY AT POINCIANA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O PMS CORPORATION
3150 VIA POINCIANA DRIVE
LAKE WORTH FL 33467

Mailing Address

C/O PMS CORPORATION
3150 VIA POINCIANA DRIVE
LAKE WORTH FL 33467



3. Date Incorporated or Qualified
06/30/1983

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
59-2516722

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

P. M. S. CORP.
3150 VIA POINCIANA
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SACKS, BERNARD
STREET ADDRESS 6768 10TH AVE N
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

TITLE SD
NAME SILVERSTEIN, HELEN
STREET ADDRESS 6768 - 10TH AVE., N., 415
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

TITLE TD
NAME MACHIZ, IRVING
STREET ADDRESS 6768 10TH AVE N
CITY-ST-ZIP LAKE WORTH FL ☒ DELETE

TITLE VPD
NAME LAPIDES, MARTIN
STREET ADDRESS 6768 10TH AVE N
CITY-ST-ZIP LAKE WORTH FL ☒ DELETE

TITLE D
NAME LEWIS, JOSEPH
STREET ADDRESS 6768 10TH AVE N
CITY-ST-ZIP LAKE WORTH FL ☒ DELETE

TITLE D
NAME WILKIN, BERNARD
STREET ADDRESS 6768 - 10TH AVE., N., #305
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition
32 NAME TD
33 STREET ADDRESS GROSS, HARRY
34 CITY-ST-ZIP 6768 10TH AVE NORTH
LAKE WORTH, FL. 33467

41 TITLE ☒ Change ☐ Addition
42 NAME D MOLDVEEN, RENEE
43 STREET ADDRESS 6768 10TH AVE NORTH
44 CITY-ST-ZIP LAKE WORTH, FL. 33467

51 TITLE ☒ Change ☐ Addition
52 NAME D GORDAN, SHIRLEY
53 STREET ADDRESS 6768 10TH AVE NORTH
54 CITY-ST-ZIP LAKE WORTH, FL. 33467

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

(401) 966-0120

Date

Daytime Phone #

CR2E037 (12/95)