

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769166 (0)
1. Corporation Name
GRAMERCY AT POINCIANA CONDOMINIUM ASSOCIATION, I NC.



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 33467-1483
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3. Date Incorporated or Qualified 06/30/1983	3a. Date of Last Report 02/14/1996
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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
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4. FEI Number 59-2516722	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
85. Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD SACKS, BERNARD	<input checked="" type="checkbox"/> DELETE
NAME	6768 10TH AVE N	
STREET ADDRESS	LAKE WORTH FL	
CITY-ST-ZIP		
TITLE	SD SILVERSTEIN, HELEN	<input checked="" type="checkbox"/> DELETE
NAME	6768 - 10TH AVE., N., 415	
STREET ADDRESS	LAKE WORTH FL	
CITY-ST-ZIP		
TITLE	TD GROSS, HARRY	<input checked="" type="checkbox"/> DELETE
NAME	6768 10TH AVENUE NORTH	
STREET ADDRESS	LAKE WORTH FL	
CITY-ST-ZIP		
TITLE	D MOLDEVEN, RENEE	<input checked="" type="checkbox"/> DELETE
NAME	6768 10TH AVENUE NORTH	
STREET ADDRESS	LAKE WORTH FL	
CITY-ST-ZIP		
TITLE	D GORDAN, SHIRLEY	<input checked="" type="checkbox"/> DELETE
NAME	6768 10TH AVENUE NORTH	
STREET ADDRESS	LAKE WORTH FL	
CITY-ST-ZIP		
TITLE	D WILKIN, BERNARD	<input type="checkbox"/> DELETE
NAME	6768 - 10TH AVE., N., #305	
STREET ADDRESS	LAKE WORTH FL	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD ROTHMAN, HENRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	6768 10TH AVE N	
1.3 STREET ADDRESS	LAKE WORTH, FL. 33467	
1.4 CITY-ST-ZIP		
2.1 TITLE	MACHIZ, IRVING	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	6768 10TH AVE N	
2.3 STREET ADDRESS	LAKE WORTH, FL. 33467	
2.4 CITY-ST-ZIP		
3.1 TITLE	DS WEINSTEIN, FRANCES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	6768 10TH AVE N	
3.3 STREET ADDRESS	LAKE WORTH, FL. 33467	
3.4 CITY-ST-ZIP		
4.1 TITLE	DV LAPIDES, MARTIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	6768 10TH AVE N	
4.3 STREET ADDRESS	LAKE WORTH, FL. 33467	
4.4 CITY-ST-ZIP		
5.1 TITLE	D SILVERSTEIN, HELEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	6768 10TH AVE N	
5.3 STREET ADDRESS	LAKE WORTH, FL. 33467	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 if changed or on an attachment with an address.

SIGNATURE: Henry Rothman HENRY ROTHMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044028

CR2E037 (9/96)