

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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		Mailing Address	
C/O PMS CORPORATION 3150 VIA POINCIANA DRIVE LAKE WORTH FL 33467		C/O PMS CORPORATION 3150 VIA POINCIANA DRIVE LAKE WORTH FL 33467	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified	06/30/1983
4. FEI Number	59-2516722
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<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	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ROTHMAN, HENRY 6768 10TH AVE N LAKE WORTH FL	1.1 TITLE	D ROTHMAN, HENRY 6768 10th Ave N Lake Worth, Fl 33467
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T MACHIZ, IRVING 6768 10TH AVE N LAKE WORTH FL	2.1 TITLE	DP LAPIDES, MARTIN 6768 10th Ave N Lake Worth, Fl 33467
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS WEINSTEIN, FRANCES 6768 10TH AVENUE NORTH LAKE WORTH FL	3.1 TITLE	DT GROSS, HARRY 6768 10th Ave N Lake Worth, Fl 33467
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DV LAPIDES, MARTIN 6768 10TH AVENUE NORTH LAKE WORTH FL	4.1 TITLE	DV BOLSON, DAVID 6768 10th Ave N Lake Worth, Fl 33467
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SILVERSTEIN, HELEN 6768 10TH AVENUE NORTH LAKE WORTH FL	5.1 TITLE	D GROSSMAN, MARTIN 6768 10th Ave N Lake Worth, Fl 33467
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D WITKIN, BERNARD 6768 - 10TH AVE., N., #305 LAKE WORTH FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 Gross* 2/12/98 964-2518

CFR2037 (10/97)