


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90019 048 ****61.25

DOCUMENT # 769166

1. Entity Name
GRAMERCY AT POINCIANA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business PMS CORP 3150 VIA POINCIANA LAKE WORTH, FL 33467 US	Mailing Address PMS CORP 3150 VIA POINCIANA LAKE WORTH, FL 33467 US
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DATE PAID **2-15-08**
40027177

CHECK NO.



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suits, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01152008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2516722

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent PMS CORP 3150 VIA POINCIANA LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent	
		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

10. **Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$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	PDT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KREINDEL, IRWIN			NAME			
STREET ADDRESS	8768 10TH AVE N			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDMAN, SELMA			NAME			
STREET ADDRESS	8768 10TH AVE N			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARACK, MIRIAM			NAME			
STREET ADDRESS	8768 10TH AVE. NORTH			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIED, ARTHUR			NAME			
STREET ADDRESS	8768 10TH AVE N			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TILSON, SAUL			NAME			
STREET ADDRESS	8768 10TH AVE N # 114			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			

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.

SIGNATURE: *Irwin Kreindel* 2/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #