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FILED

Apr 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758560 (7)

1. Corporation Name

DORCHESTER AT POINCIANA CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

% PMS CORP.
3150 VIA POINCIANA DRIVE
LAKE WORTH FL 33467

Mailing Address

% PMS CORP.
3150 VIA POINCIANA DRIVE
LAKE WORTH FL 33467-14833. Date Incorporated or Qualified
05/28/19813a. Date of Last Report
02/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2166052

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROPERTY MGMT.SERVICES
8299 CORAL WAY
MIAMI FL 33155

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 ☐ DELETENAME GELIN, ALVIN
STREET ADDRESS 3286 ARCARA WAY
CITY - ST - ZIP LAKE WORTH, FL 00000TITLE ☒ DELETENAME PELLIGRINI, FRANK
STREET ADDRESS 3286 ARCARA WAY
CITY - ST - ZIP LAKE WORTH, FL 00000TITLE ☒ DELETENAME PELLEGRINI, FRANK
STREET ADDRESS 3286 ARCARA WAY
CITY - ST - ZIP LAKE WORTH FLTITLE ☒ DELETENAME WEXLER, JOYCE
STREET ADDRESS 3286 ARCARA WAY, #111
CITY - ST - ZIP LAKE WORTH FLTITLE ☒ DELETENAME BINETTI, RAY
STREET ADDRESS 3286 ARCARA WAY
CITY - ST - ZIP LAKE WORTH FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition2.2 NAME DANIELS, ELEANOR
2.3 STREET ADDRESS 3286 ARCARA WAY
2.4 CITY - ST - ZIP LAKE WORTH, FL. 334673.1 TITLE ☒ Change ☐ Addition3.2 NAME RAY BINETTI
3.3 STREET ADDRESS 3286 ARCARA WAY
3.4 CITY - ST - ZIP LAKE WORTH, FL. 334674.1 TITLE ☒ Change ☐ Addition4.2 NAME KAUFMAN, HERB
4.3 STREET ADDRESS 3286 ARCARA WAY
4.4 CITY - ST - ZIP LAKE WORTH, FL. 334675.1 TITLE ☒ Change ☐ Addition5.2 NAME WEXLER, IRV
5.3 STREET ADDRESS 3286 ARCARA WAY
5.4 CITY - ST - ZIP LAKE WORTH, FL. 334676.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044023

CR2E037 (9/96)