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**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90057 028 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 758560**

1. Corporation Name

**DORCHESTER AT POINCIANA CONDOMINIUM ASSOCIATION, INC.**

173691 - 90057 - 28

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/28/1981

4. FEI Number

59-2166052

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PROPERTY MGMT. SERVICES  
 8299 CORAL WAY  
 MIAMI FL 33155

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~~ ☒ DELETE

NAME ~~CELIN, ALVIN~~  
 STREET ADDRESS 3286 ARCARA WAY  
 CITY-ST-ZIP LAKE WORTH, FL 00000

TITLE D ☒ DELETE

NAME ~~DANIELS, ELEANOR~~  
 STREET ADDRESS 3286 ARCARA WAY  
 CITY-ST-ZIP LAKE WORTH FL

TITLE DS ☐ DELETE

NAME DANIELS, ELEANOR  
 STREET ADDRESS 3286 ARCARA WAY  
 CITY-ST-ZIP LAKE WORTH FL 33467

TITLE D/T ☐ DELETE

NAME CHAUSS, DONALD  
 STREET ADDRESS 3286 ARCARA WAY  
 CITY-ST-ZIP LAKE WORTH FL 33467

TITLE DP ☐ DELETE

NAME WEXLER, IRV  
 STREET ADDRESS 3286 ARCARA WAY  
 CITY-ST-ZIP LAKE WORTH FL

TITLE D ☐ DELETE

NAME FELDMAN, HERB  
 STREET ADDRESS 3286 ARCARA WAY  
 CITY-ST-ZIP LAKE WORTH FL 33467

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME GLAZER, LEWIS  
 1.3 STREET ADDRESS 3286 ARCARA WAY # 409  
 1.4 CITY-ST-ZIP LAKE WORTH, FL. 33467

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE:

*David M. Thomas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/24/99*  
 Date

*561 966 6771*  
 Daytime Phone #

CR2E037 (11/98)