

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90029 009 ****61.25

DOCUMENT # 759938 1. Entity Name ESSEX AT POINCIANA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3326 ARCARA WAY LAKE WORTH, FL 33467			Mailing Address 3326 ARCARA WAY LAKE WORTH, FL 33467		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2267842	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEMAN, BERILL 3326 ARCORA WAY, # 201 LAKE WORTH, FL 33467	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KATZ, MORRIS 3326 ARCARA WAY LAKE WORTH, FL 00000.	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHUR, SIDNEY 3326 ARCARA WAY LAKE WORTH, FL 00000.	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALK, OWEN 3326 ARCARA WAY LAKE WORTH, FL 33467	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, ALAN 3326 ARCARA WAY LAKE WORTH, FL 33467	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEMELMACHOR, WAYNE 3326 ARCARA WAY LAKE WORTH, FL 33467	☐ Delete			
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: <u>Berill Frieman</u> 2/14/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					