

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758560

FILED
Apr 16, 2009
Secretary of State

Entity Name: DORCHESTER AT POINCIANA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2166052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROPERTY MGMT. SERVICES
3150 VIA POINCIANA
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROTHCHILD, LARRY
Address: 3286 ARCARA WAY #315
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: REBENSTEIN, PAUL
Address: 3286 ARCARA WAY # 112
City-St-Zip: LAKE WORTH, FL 33467

Title: DT () Delete
Name: WIRSH, BERNARD
Address: 3286 ARCARA WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: HARRISON, JERRY
Address: 3286 ARCARA WAY # 318
City-St-Zip: LAKE WORTH, FL 33467

Title: DS (X) Delete
Name: DANIELS, ELEANOR
Address: 3286 ARCARA WAY
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: ROTHCHILD, LARRY
Address: 3286 ARCARA WAY #315
City-St-Zip: LAKE WORTH, FL 33467

Title: DS (X) Change () Addition
Name: DANIELS, ELEANOR
Address: 3286 ARCARA WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: D (X) Change () Addition
Name: RUBENSTEIN, PAUL
Address: 3286 ARCARA WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY ROTHSCHILD

DP

04/16/2009

Electronic Signature of Signing Officer or Director

Date