

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756559

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** CARLISLE AT POINCIANA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6850-10TH AVE.,N.  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

6850-10TH AVE.,N.  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 59-2166581

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PMS CORP.  
3150 VIA POINCIANA  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

PHOENIX MANAGEMENT SERVICES  
3082 JOG RD.  
LAKE WORTH, FL 33467 US

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:** HAROLD WAXMAN

01/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** S  
**Name:** SILVER, MORRIS  
**Address:** 6850 10TH AVE N  
**City-St-Zip:** LAKE WORTH, FL 33467 PB

**Title:** T  
**Name:** GENOVESE, LENNY  
**Address:** 6850 6TH AVE N.  
**City-St-Zip:** LAKE WORTH, FL 33467 PB

**Title:** D  
**Name:** FURMAN, DONALD  
**Address:** 6850 6TH AVE N  
**City-St-Zip:** LAKE WORTH, FL 33467 PB

**Title:** P  
**Name:** WAXMAN, BUD  
**Address:** 6850 10 AVE N.  
**City-St-Zip:** LAKE WORTH, FL 33467 PB

**Title:** D  
**Name:** SILVER, MORRIS  
**Address:** 6850 6TH AVE N.  
**City-St-Zip:** LAKE WORTH, FL 33467 PB

**Title:** D  
**Name:** ESCALLON, PEDRO  
**Address:** 6850 10TH AVE N  
**City-St-Zip:** LAKE WORTH, FL 33467 PO

I hereby 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 all other like empowered.

**SIGNATURE:** HAROLD WAXMAN

PRES

01/09/2012

Electronic Signature of Signing Officer or Director

Date