

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758560

FILED  
Mar 09, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

DORCHESTER AT POINCIANA CA  
3286 ARCARA WAY  
LAKE WORTH, FL 33467 US

**Current Mailing Address:**

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

**New Mailing Address:**

DORCHESTER % PMS CORP.  
5430 10TH AVE NORTH, STE B  
GREENACRES, FL 33463 US

**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 CORP  
3150 VIA POINCIANA  
LAKE WORTH, FL 33467 US

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

PROPERTY MGMT SERVICES CORP  
5430 10TH AVE NORTH  
SUITE B  
GREENACRES, FL 33463 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:

03/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: VITALE, JERRY A  
Address: 3286 ARCARA WAY #204  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: DVP  
Name: MCKEOWN, JIM  
Address: 3286 ARCARA WAY #103  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: DT  
Name: HIRSH, BERNIE  
Address: 3286 ARCARA WAY #305  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: D  
Name: HARRISON, GERALD  
Address: 3286 ARCARA WAY # 308  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: D  
Name: JIMENEZ, MARIA  
Address: 3286 ARCARA WAY #409  
City-St-Zip: LAKE WORTH, FL 33467 US

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: PAUL SHAPIRO

MGR

03/09/2012

Electronic Signature of Signing Officer or Director

Date