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.

DIRECTOR

#### SIGNATURE: PAUL SHAPIRO

Т

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT# 755991** 

Entity Name: POINCIANA VILLAGE MASTER ASSOCIATION, INC.

## **Current Principal Place of Business:**

3150 VIA POINCIANA LAKE WORTH. FL 33467

## **Current Mailing Address:**

C/O PMS CORP 5430 10TH AVE NORTH SUITE B GREENACRES, FL 33463 US

# FEI Number: 59-2166048

# Name and Address of Current Registered Agent:

PMS, INC 5430 10TH AVE NORTH SUITE B GREENACRES, FL 33463 US

Date

03/19/2014

Date

Certificate of Status Desired: No

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

# **Officer/Director Detail :**

Title	Ρ	Title	T/S
Name	WAXMAN, BUD	Name	EISNER, MILTON
Address	6768 10TH AVENUE NORTH #211	Address	3212 STRAWFLOWER WAY#109
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467
Title	D		
Name	SHAPIRO, PAUL		
Address	3154 VIA POINCIANA #108		
City-State-Zip:	LAKE WORTH FL 33467		