

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756559

**FILED**  
**Jan 03, 2013**  
**Secretary of State**  
**CC6449413153**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-2166581**

**Certificate of Status Desired: No**

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

PHOENIX MANAGEMENT SERVICES  
6131 - B LAKE WORTH ROAD  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title S  
Name FURMAN, DONALD  
Address 6850 10TH AVENUE N  
UNIT 214  
City-State-Zip: LAKE WORTH FL 33467

Title T  
Name GENOVESE, LEONARD  
Address 6850 10TH AVENUE N  
UNIT 411  
City-State-Zip: LAKE WORTH FL 33467

Title P  
Name WAXMAN, BUD  
Address 6850 10TH AVENUE N  
UNIT 211  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name PINEAU, JOHN P  
Address 3030 SOUTH OCEAN BLVD.,  
UNIT 104  
City-State-Zip: PALM BEACH FL 33480

Title VP  
Name ESCALLON, PEDRO  
Address 6850 10TH AVENUE N  
UNIT 113  
City-State-Zip: LAKE WORTH FL 33467

*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: BUD WAXMAN**

**PRESIDENT**

**01/03/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date