

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761757

**Entity Name:** POINCIANA LAKES RECREATION ASSOCIATION, INC.

**Current Principal Place of Business:**

3150 VIA POINCIANA  
LAKE WORTH, FL 33467

**Current Mailing Address:**

6131 - B LAKE WORTH ROAD  
GREENACRES, FL 33463 US

**FEI Number:** 59-2516863

**Certificate of Status Desired:** No

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

PHOENIX MANAGEMENT SERVICE  
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 P  
Name RON, GATTI  
Address 3154 VIA POINCIANA  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name RAND, BEVERLY  
Address 3186 VIA POINCIANA  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name GAMBARDELLA, JOSH  
Address 3146 VIA POINCIANA  
City-State-Zip: LAKE WORTH FL 33467

Title VP  
Name EILER, MARILYN  
Address 3178 VIA POINCIANA  
314  
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY  
Name MASTANDRIA, DONNA  
Address 3146 VIA POINCIANA  
102  
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER  
Name CARCOPPOLO, CATHY  
Address 3138 VIA POINCIANA  
405  
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR  
Name MATTOS, PATRICIA  
Address 3162 VIA POINCIANA  
# 2  
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: RON GATTI**

**PRESIDENT**

**01/19/2016**

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

\_\_\_\_\_  
Date