

**2022 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:**

C/O CMC MANAGEMENT, INC.  
2950 JOG ROAD  
GREENACRES, FL 33467 US

**FEI Number:** 32-0321904

**Certificate of Status Desired:** No

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

SACHS, SAX, CAPLAN PL  
6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33433 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:** MICHAEL UNGERBUEHLER

02/15/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CARCIOPPOLO, CATHERINE  
Address        2950 JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title            VP  
Name            SARNEY, CARL  
Address        2950 JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title            TREASURER  
Name            DYJAS, MIKE  
Address        2950 JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title            DIRECTOR  
Name            PRUSINOWSKI, SCOTT  
Address        2950 JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title            SECRETARY  
Name            GATTI, LINDA  
Address        2950 JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title            DIRECTOR  
Name            MOUNTZ, JEFF  
Address        2950 JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title            DIRECTOR  
Name            EILER, MARILYN  
Address        C/O CMC MANAGEMENT, INC.  
                  2950 JOG ROAD  
City-State-Zip: GREENACRES 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:** CARCIOPPOLO , CATHERINE

PRESIDENT

02/15/2022

Electronic Signature of Signing Officer/Director Detail

Date