

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769166

FILED
Mar 27, 2017
Secretary of State
CC9228826503

Entity Name: GRAMERCY AT POINCIANA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-2516722

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVENUE SOUTH
SUITE 400
WEST PALM BEACH, FL 33409 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: SCOTT STOLOFF 03/27/2017
Electronic Signature of Registered Agent Date

Officer/Director Detail :

Title SECRETARY, DIRECTOR
Name GOLDMAN, SELMA
Address 6768 10TH AVENUE NORTH, #113
City-State-Zip: LAKE WORTH FL 33467

Title PRESIDENT, DIRECTOR
Name LABBE, PAUL
Address 6768 10TH AVENUE NORTH, #206
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR, TREASURER
Name PAZMINO, EDUARDO B
Address 6768 10TH AVENUE NORTH, #305
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR, VP
Name ROSEN, RICHARD
Address 6768 10TH AVENUE NORTH, #402
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name COTT, THEODORE
Address 6768 10TH AVENUE NORTH, #105
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: PAUL LABBE PRESIDENT 03/27/2017
Electronic Signature of Signing Officer/Director Detail Date