

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769166

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**7386565571CC****Entity Name:** GRAMERCY AT POINCIANA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O STOLOFF & MANOFF, P.A.  
1818 S. AUSTRALIAN AVENUE SUITE 400  
WEST PALM BEACH, FL 33409**Current Mailing Address:**C/O ASSOCIATED PROPERTY MANAGEMENT  
8135 LAKE WORTH RD., SUITE B  
LAKE WORTH, FL 33467 US**FEI Number:** 59-2516722**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STOLOFF & MANOFF, P.A.  
1818 S. AUSTRALIAN AVENUE  
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:** MARIE RAPINO

04/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	RAPINO, MARIE
Address	8135 LAKE WORTH RD., SUITE B
City-State-Zip:	LAKE WORTH FL 33467

Title	VP
Name	WAN, MARY
Address	8135 LAKE WORTH RD., SUITE B
City-State-Zip:	LAKE WORTH FL 33467

Title	TREASURER
Name	STERNBERG, LAURA
Address	8135 LAKE WORTH RD., SUITE B
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	JAKOBS, SYLVANA
Address	8135 LAKE WORTH RD., SUITE B
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	TILSON, SAUL
Address	8135 LAKE WORTH RD., SUITE B
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	LANTERI, ROSEMARIE
Address	C/O ASSOCIATED PROPERTY MANAGEMENT 8135 LAKE WORTH RD., SUITE B
City-State-Zip:	LAKE WORTH FL 33467

Title	SECRETARY
Name	O'BRIEN, DONNA
Address	C/O ASSOCIATED PROPERTY MANAGEMENT 8135 LAKE WORTH RD., SUITE B
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:** MARIE RAPINO

PRESIDENT

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date