2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769166

Entity Name: GRAMERCY AT POINCIANA CONDOMINIUM ASSOCIATION, INC

FILED Apr 30, 2019 Secretary of State 7386565571CC

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

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name RAPINO, MARIE Name WAN, MARY

Address 8135 LAKE WORTH RD., Address 8135 LAKE WORTH RD.,

SUITE B SUITE B

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title **TREASURER** Title **DIRECTOR**

Name STERNBERG, LAURA Name JAKOBS, SYLVANA

Address 8135 LAKE WORTH RD., Address 8135 LAKE WORTH RD.,

SUITE B SUITE B

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR Title DIRECTOR

TILSON, SAUL LANTERI, ROSEMARIE Name Name

Address 8135 LAKE WORTH RD., Address C/O ASSOCIATED PROPERTY

SUITE B **MANAGEMENT**

8135 LAKE WORTH RD., SUITE B City-State-Zip: LAKE WORTH FL 33467

City-State-Zip:

LAKE WORTH FL 33467

Title SECRETARY

O'BRIEN, DONNA Address C/O ASSOCIATED PROPERTY

MANAGEMENT

Name

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.

04/30/2019 SIGNATURE: MARIE RAPINO **PRESIDENT**