

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769166

FILED
Apr 05, 2024
Secretary of State
7432304942CC

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 PHOENIX MANAGEMENT SERVICES
6131B LAKE WORTH RD.
GREENACRES, FL 33463 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

04/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LABBE, PAUL
Address C/O PHOENIX MANAGEMENT SERVICES
6131B LAKE WORTH RD.
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name PALACIO, JEANETTE
Address C/O PHOENIX MANAGEMENT SERVICES
6131B LAKE WORTH RD.
City-State-Zip: GREENACRES FL 33463

Title TREASURER
Name BOLDOC, NORMAN
Address C/O PHOENIX MANAGEMENT SERVICES
6131B LAKE WORTH RD.
City-State-Zip: GREENACRES FL 33463

Title VP
Name PAZIMO, EDUARDO
Address C/O PHOENIX MANAGEMENT SERVICES
6131B LAKE WORTH RD.
City-State-Zip: GREENACRES FL 33463

Title SECRETARY
Name JAKOB, SILVANA
Address C/O PHOENIX MANAGEMENT SERVICES
6131B LAKE WORTH RD.
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name PENA, DELIA
Address C/O PHOENIX MANAGEMENT SERVICES
6131B LAKE WORTH RD.
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name ROSEN, RICHARD
Address C/O PHOENIX MANAGEMENT SERVICES
6131B LAKE WORTH RD.
City-State-Zip: GREENACRES FL 33463

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

04/05/2024

