3950 JOG RO/ GREENACRES				
Current Ma	iling Address:			
CMC MANA 2950 JOG F GREENACF				
FEI Number: 84-1629333		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
GELFAND & A 1555 PALM BE SUITE 1220 WEST PALM E				
	d entity submits this statement for the purpose of changing its regis	stered office or regis	stered agent, or both, in the State of	
	E: MICHAEL GELFAND	stered office or regis	tered agent, or both, in the State of	04/10/2015
		stered office or regis	stered agent, or both, in the State of	
SIGNATUR	E: MICHAEL GELFAND	stered office or regis	tered agent, or both, in the State of	04/10/2015
SIGNATUR	E: MICHAEL GELFAND Electronic Signature of Registered Agent	stered office or regis	stered agent, or both, in the State of s	04/10/2015
SIGNATUR Officer/Dire	E: MICHAEL GELFAND Electronic Signature of Registered Agent ctor Detail :			04/10/2015
SIGNATUR Officer/Dire	E: MICHAEL GELFAND Electronic Signature of Registered Agent Ctor Detail : P	Title	S/T	04/10/2015
SIGNATUR Officer/Dire Title Name	EIECTRONIC SIGNATURE OF REGISTERED Agent CTOR Detail : P FRANKEL, SHERRY 3162 VIA POINCIANA #7	Title Name Address	S/T WATSON, GORMAN	04/10/2015
SIGNATUR Officer/Dire Title Name Address	E: MICHAEL GELFAND Electronic Signature of Registered Agent Ctor Detail : P FRANKEL, SHERRY 3162 VIA POINCIANA #7	Title Name Address	S/T WATSON, GORMAN 3162 VIA POINCIANA 1	04/10/2015
SIGNATUR Officer/Dire Title Name Address City-State-Zip:	EIECTRONIC Signature of Registered Agent Ctor Detail : P FRANKEL, SHERRY 3162 VIA POINCIANA #7 LAKE WORTH FL 33467	Title Name Address	S/T WATSON, GORMAN 3162 VIA POINCIANA 1	04/10/2015
SIGNATUR Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : P FRANKEL, SHERRY 3162 VIA POINCIANA #7 LAKE WORTH FL 33467 VP	Title Name Address	S/T WATSON, GORMAN 3162 VIA POINCIANA 1	04/10/2015

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: SHERRY FRANKEL

Electronic Signature of Signing Officer/Director Detail

04/10/2015 Date

FILED Apr 10, 2015 Secretary of State CC3559986014

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007443

Entity Name: POINCIANA PLACE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2050 IOC POAD