GREENACRES				
Current Ma	ling 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				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	stered agent, or both, in the State of I	Florida.
	d entity submits this statement for the purpose of changing its regi E: MICHAEL GELFAND	stered office or regis	stered agent, or both, in the State of I	Florida. 03/23/2017
		stered office or regis	stered agent, or both, in the State of I	
SIGNATUR	E: MICHAEL GELFAND	stered office or regis	stered agent, or both, in the State of H	03/23/2017
SIGNATUR	E: MICHAEL GELFAND Electronic Signature of Registered Agent	stered office or regis	stered agent, or both, in the State of h	03/23/2017
SIGNATUR	E: MICHAEL GELFAND Electronic Signature of Registered Agent ctor Detail :			03/23/2017
SIGNATURI Officer/Dire	E: MICHAEL GELFAND Electronic Signature of Registered Agent Ctor Detail : P	Title	SECRETARY	03/23/2017
SIGNATUR Officer/Dire Title Name	E: MICHAEL GELFAND Electronic Signature of Registered Agent Ctor Detail : P FRANKEL, SHERRY 3162 VIA POINCIANA #7	Title Name Address	SECRETARY GAL, CHARLOTTE	03/23/2017
SIGNATURI 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	SECRETARY GAL, CHARLOTTE 3158 VIA POINCIANA #7	03/23/2017
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	EIECTRONIC SIGNATURE OF REGISTERED Agent CTOP Detail : P FRANKEL, SHERRY 3162 VIA POINCIANA #7 LAKE WORTH FL 33467	Title Name Address	SECRETARY GAL, CHARLOTTE 3158 VIA POINCIANA #7	03/23/2017
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	EINTERNAL GELFAND Electronic Signature of Registered Agent Ctor Detail : P FRANKEL, SHERRY 3162 VIA POINCIANA #7 LAKE WORTH FL 33467 TREASURER	Title Name Address	SECRETARY GAL, CHARLOTTE 3158 VIA POINCIANA #7	03/23/2017

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

PRESIDENT

03/23/2017

## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N03000007443

## Entity Name: POINCIANA PLACE VILLAS CONDOMINIUM ASSOCIATION, INC.

# **Current Principal Place of Business:**

3950 JOG ROAD

## FILED Mar 23, 2017 **Secretary of State** CC8638767002

Date