

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 27 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740866 (9)
1. Corporation Name
POINCIANA PLACE CONDOMINIUM ASSOCIATION III, INC



Principal Place of Business Mailing Address
**3595 BIRDIE DR
STE 102
LAKE WORTH FL 33467
US**

3. Date Incorporated or Qualified **11/22/1977** 3a. Date of Last Report **02/07/1996**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1890808	Applied For Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TANNER, AUBREY 3595 BIRDIE DR STE 102 LAKE WORTH FL 33467		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, MILTON	1.2 NAME	
STREET ADDRESS	3797 BIRDIE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEDMAN, ABRAHAM	2.2 NAME	
STREET ADDRESS	3593 BIRDIE DR., #401	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, MICHAEL	3.2 NAME	
STREET ADDRESS	3597 BIRDIE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMERS, MARVIN	4.2 NAME	
STREET ADDRESS	3593 BIRDIE DR. #603	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, AUBREY	5.2 NAME	
STREET ADDRESS	3595 BIRDIE DR. #102	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report, or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Aubrey Tanner* **1/9/97** **1561-965-892**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044043

CR2E037 (9/96)