

FILE NOW: FILING FEE IS \$61.25

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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	3595 BIRDIE DR STE 102 LAKE WORTH FL 33467 US

3. Date Incorporated or Qualified	11/22/1977
4. FEI Number	59-1890808
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

TANNER, AUBREY
3595-BIRDIE-DR
STE-102
LAKE-WORTH-FL-33467

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **Dennis P. Flynn, CPA, PA**
3918 Via Poinciana #9
84 City **Lake Worth, FL 33467** 85 Zip Code **FL**

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 of 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 *Dennis P. Flynn* **DENNIS P. FLYNN** DATE 1/11/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998
TITLE	DV <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change
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 DYP <input checked="" 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 checked="" 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	DT <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARCHIE MODLIN	6.2 NAME
STREET ADDRESS	3595 BIRDIE DR	6.3 STREET ADDRESS
CITY-ST-ZIP	LAKE WORTH FL 33467	6.4 CITY-ST-ZIP

14. I 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: *Michael Kaplan* **REQUIRED** **PRESIDENT** 1/11/98 561 967 6008

CR2E037 (10/97)