


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90108 001 ****61.25

0046211

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 740866

1. Corporation Name
POINCIANA PLACE CONDOMINIUM ASSOCIATION III, INC

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



2. Principal Place of Business 21 3593 BIRDIE DRIVE Suite, Apt. #, etc. 22 204 City & State 23 LAKE WORTH FL Zip 24 33467 Country 25 USA	2a. Mailing Address 26 3898 VIA POINCIANA Suite, Apt. #, etc. 27 # 13 City & State 28 LAKE WORTH FL Zip 29 33467 Country 30 USA	3. Date Incorporated or Qualified 11/22/1977	4. FEI Number 59-1890808	Applied For <input type="checkbox"/> Not Applicable
---	--	--	------------------------------------	--

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 DENNIS P FLYNN CPA 82 Street Address (P.O. Box Number is Not Acceptable) 3898 VIA POINCIANA #13 83 84 City LAKE WORTH FL 85 Zip Code 33467
---	--

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 Dennis P Flynn **DENNIS P FLYNN** DATE **1/7/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	NAME MODLIN, ARCHIE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3595 BIRDIE DR	CITY-ST-ZIP LAKE WORTH FL 33467	1.2 NAME	
TITLE DS	NAME FREEDMAN, ABRAHAM	1.3 STREET ADDRESS	
STREET ADDRESS 3593 BIRDIE DR., #401	CITY-ST-ZIP LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE DP	NAME KAPLAN, MICHAEL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3597 BIRDIE DR.	CITY-ST-ZIP LAKE WORTH, FL 00000	2.2 NAME	
TITLE DVP	NAME SOMERS, MARVIN	2.3 STREET ADDRESS	
STREET ADDRESS 3593 BIRDIE DR. #603	CITY-ST-ZIP LAKE WORTH, FL 00000	2.4 CITY-ST-ZIP	
TITLE SUMMERS, MARVIN	NAME SUMMERS, MARVIN	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3593 BIRDIE DR #204	CITY-ST-ZIP LAKE WORTH FL 33467	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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 its 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 as an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** DATE **1-7-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (11/98)