


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90069 036 ****61.25

DOCUMENT # 740866				
1. Entity Name POINCIANA PLACE CONDOMINIUM ASSOCIATION III, INC.				
Principal Place of Business C/O DENNIS P FLYNN, CPA 3898 VIA POINCIANA #13 LAKE WORTH, FL 33467 US		Mailing Address C/O DENNIS P FLYNN, CPA 3898 VIA POINCIANA #13 LAKE WORTH, FL 33467 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1890808 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
FLYNN, DENNIS P 3898 VIA POINCIANA #13 LAKE WORTH, FL 33467				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINOKUR, ALLEN	NAME		
STREET ADDRESS	3595 BIRDIE DR. #402	STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREEDMAN, ABRAHAM	NAME	HALPERIN, B. BERNARD	
STREET ADDRESS	3593 BIRDIE DR., #401	STREET ADDRESS	3595 BIRDIE DRIVE, 505	
CITY-ST-ZIP	LAKE WORTH, FL	CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUMMERS, MARVINS	NAME	GBERNBERG, DONALD	
STREET ADDRESS	3593 BIRDIE DRIVE STE 204	STREET ADDRESS	3597 BIRDIE DRIVE, 404	
CITY-ST-ZIP	LAKE WORTH, FL	CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKOFF, IRA	NAME		
STREET ADDRESS	3597 BIRDIE DR # 102	STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <u>Allen Winokur ALLEN WINOKUR</u>				TREAS. <u>Jan 17, 2006</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>
				<small>Daytime Phone #</small>