2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 8:00 am **Secretary of State**

01-29-2007 90099 033 ****61.25

Applied For

Not Applicable

DOCUMENT # 74086 1. Entity Name POINCIANA PLACE CONDOI INC.		
Principal Place of Business	Mailing Address	

60009542 3898 VIA POINCIANA #13 3898 VIA POINCIANA #13 LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-1890808 City & State Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
FLYNN, DENNIS P	Name	
3898 VIA POINCIANA #13 LAKE WORTH, FL 33467	Street Address (P.O. Box Number is Not Acceptable)	
	City FL Zip Code	

(NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE DT ☐ Delete TITLE Secretary Change SUSAN Pell 3593 Birdie Dr# 102 WINOKUR, ALLEN NAME NAME STREET ADDRESS 3595 BIRDIE DR. #402 STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP LAKE WOOTH. Addition TITLE ☐ Delete TITLE DIVECTOR HALPERIN, B B NAME NAME STREET ADDRESS 3595 BIRDIE DR, 505 STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-ZIP KeworTH DVP **Addition** TITLE Delete THIE NAME SUMMERS, MARVINS, NAME Harold STREET ADDRESS 3593 BIRDIE DRIVE STE 204 STREET ADDRESS FL 33467 LAKE WORTH, FL CITY-ST-ZIP CITY-ST-ZIP DV ☐ Delete TITLE ☐ Change Addition TITLE BECKOFF, IRA NAME NAME 3597 BIRDIE DR # 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GREENBERG, DONALD NAME NAME 3597 BIRDIE DR., 404 STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE 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. changed, or on an attachment with an address, with all other

SIGNATURE: