

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90337 023 ****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 - No P.O. Box # YEEND, CASTANEDA & FLYNN, LLP Accountants and Tax Specialists 1109 South Congress Avenue West Palm Beach, FL 33406		3. Mailing Address Suite, Apt. #, etc. YEEND, CASTANEDA & FLYNN, LLP Accountants and Tax Specialists 1109 South Congress Avenue West Palm Beach, FL 33406	
City: West Palm Beach Country: US		City: West Palm Beach Country: US	
4. FEI Number 59-1890808		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01152008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent FLYNN, DENNIS P 3898 VIA POINCIANA #13 LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name: YEEND, CASTANEDA & FLYNN, LLP Street Address: Accountants and Tax Specialists 1109 South Congress Avenue City: West Palm Beach, FL 33406 FL Zip Code	
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, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WINOKUR, ALLEN 3595 BIRDIE DR. #402 LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAROLD GOLD 3595 BIRDIE DR. #607 LAKE WORTH, FL 33467 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALPERIN, B B 3595 BIRDIE DR, 505 LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFINAN, GEORGE 3596 BIRDIE DRIVE #208 LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BECKOFF, IRA 3597 BIRDIE DR # 102 LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GREENBERG, DONALD 3597 BIRDIE DR., 404 LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PELL, SUSAN 3593 BIRDIE DR #102 LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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</u> ALLEN WINOKUR 4/22/08 5619657707 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			