
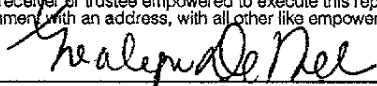


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 744540		
1. Entity Name POINCIANA PLACE CONDOMINIUM ASSOCIATION IV, INC.		
Principal Place of Business 3951 POINCIANA DR. P.O. BOX 7035 LAKE WORTH, FL 33466	Mailing Address 3951 POINCIANA DR. P.O. BOX 7035 LAKE WORTH, FL 33466	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DEMEL, EVALYN 3959 VIA POIRCIANA 9-403 LAKE WORTH, FL 33467		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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	11000000553918 05/15/06-80071-013 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMEL, EVALYN 3959 VIA POIRCIANA 9-403 LAKE WORTH, FL 33467	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENARD, CARL 2951 VIA POIRCIANA 9-513 LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRICKNER, SOL 3871 VIA POIRCIANA 8-601 LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDSTEIN, THELMA 3959 VIA POIRCIANA 9-605 LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MARTIN 3871 VIA POIRCIANA 8-307 LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARYSO, DENNIS 3951 VIA POIRCIANA 9-316 LAKE WORTH, FL 33467	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/26/06 433-9620 <small>Date Daytime Phone #</small>