

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90041 034 ****61.25

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



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1895429	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMEL, EVALYN JACKIE REYNOLD 3959 VIA POIRCIANA 9-402 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENARDI, CARL SYLVIA HOROWITZ 3871 VIA POIRCIANA 8-401 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, SOL LOU RODINO 3871 VIA POIRCIANA 9-112 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDSTEIN, FREDA DICK GREEN 3959 VIA POIRCIANA 9-501 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MARY TONY IACOVANGELO 3871 VIA POIRCIANA 8-403 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODINO, DENNIS CAROLYN RODINO 3959 VIA POIRCIANA 9-112 LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE

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: Louis G. Rodino - Treasurer 3/29/07 561-439-8546

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