


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90036 016 \*\*\*\*61.25

<b>DOCUMENT # 752134</b> 1. Entity Name <b>POINCIANA PLACE CONDOMINIUM ASSOCIATION V, INC.</b>					
Principal Place of Business 1700 CONGRESS AVE SUITE 128 BOCA RATON, FL 33487 US			Mailing Address 1700 CONGRESS AVE SUITE 128 BOCA RATON, FL 33487 US		
2. Principal Place of Business - No P.O. Box # <b>3150 VIA POINCIANA</b>		3. Mailing Address <b>3150 VIA POINCIANA</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>LAKE WORTH FL.</b>		City & State <b>LAKE WORTH FL.</b>		4. FEI Number <b>59-2165370</b>	
Zip <b>33467</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MANAGEMENT SERVICES AMERICA</b> <b>7700 CONGRESS AVENUE</b> <b>SUITE 1128</b> <b>BOCA RATON, FL 33487</b>		7. Name and Address of New Registered Agent Name <b>PMS CORP</b> Street Address (P.O. Box Number is Not Acceptable) <b>3150 VIA POINCIANA</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33467</b>			
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 <u><i>Paul Shadie</i></u> <b>PAUL SHADIE</b> <span style="float: right;">DATE <u>1/10/07</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP T GREEN, ELLIOTT 3465 VIA POINCIANA LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYLVESTER, JOHN 3465 VIA PANICAH #201 LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VES WEINBERGER, ALLEN 3465 VIA POINCIANA LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COHEN, MAURICE 3465 VIA POINCIANA LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISRAEL, DAN 3465 VIA POINCIANA #405 LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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><i>Elliot R. Green</i></u> <b>Elliot R. Green</b> <span style="float: right;">DATE <u>1/17/07</u> 561 642-0830</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					