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No. 2007 P. 24

FILED

Feb 22, 2005 08:00 AM
Secretary of State

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 755991					
1. Entity Name POINCIANA VILLAGE MASTER ASSOCIATION, INC.					
Principal Place of Business 3150 VIA POINCIANA LAKE WORTH, FL 33467 US			Mailing Address 3150 VIA POINCIANA LAKE WORTH, FL 33467		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHAPIRO, PAUL 3154 VIA POINCIANA LAKE WORTH, FL 33467			Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAPIRO, PAUL		NAME		
STREET ADDRESS	3154 VIA POINCIANA		STREET ADDRESS		
CITY- ST- ZIP	LAKE WORTH, FL		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BINETTI, RAY		NAME		
STREET ADDRESS	3286 ARCARA WAY #207		STREET ADDRESS		
CITY- ST- ZIP	LAKE WORTH, FL 33467		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEINBERG, HARRY		NAME		
STREET ADDRESS	6989 LIPIN LN		STREET ADDRESS		
CITY- ST- ZIP	LAKE WORTH, FL 33467		CITY- ST- ZIP		
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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 exemption stated in Section 119.07(3)(D), 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: <i>Paul Shapiro</i> Pres PAUL SHAPIRO			Date: 1/21/05 561-641-0966		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE</small>		



01202005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2166048 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHAPIRO, PAUL 3154 VIA POINCIANA LAKE WORTH, FL 33467			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

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