

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 755991

1. Entity Name  
POINCIANA VILLAGE MASTER ASSOCIATION, INC.



FILED

08 AUG -8 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08022008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-2166048

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$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  
NAME SHAPIRO, PAUL  
STREET ADDRESS 3154 VIA POINCIANA  
CITY-ST-ZIP LAKE WORTH, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DST  
NAME LEVIN, DAVID  
STREET ADDRESS 3186 VIA POINCIANA  
CITY-ST-ZIP LAKE WORTH, FL 33467 ☒ Delete

TITLE DST  
NAME KREINDEL, IRWIN  
STREET ADDRESS 6768 10 TH AVE N  
CITY-ST-ZIP LAKE WORTH, FL 33467 ☐ Change ☐ Addition

TITLE DVP  
NAME WAXMAN, BUD  
STREET ADDRESS 6850 10TH AVE N  
CITY-ST-ZIP LAKE WORTH, FL 33467 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVP  
NAME FALK, IRWIN  
STREET ADDRESS 3386 ARCARA WAY  
CITY-ST-ZIP LAKE WORTH, FL 33467 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVP MEYERS, MARLENE  
NAME 6698 10TH AVE N  
STREET ADDRESS LAKE WORTH FL 33467 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

PAUL SHAPIRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/08 561-64/-0960

Date

Daytime Phone #

8/14