2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# 756559

Entity Name: CARLISLE AT POINCIANA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6850-10TH AVE.,N.
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6850-10TH AVE.,N.
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 59-2166581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PMS CORP.
3150 VIA POINCIANA
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	SILVER, MORRIS	
Address:	6850 10TH AVE N	
City-St-Zip:	LAKE WORTH, FL	
Title:	T	( ) Delete
Name:	WAXMAN, BUD	
Address:	6850 6TH AVE N.	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	D	( ) Delete
Name:	GENOVESE, LEN	
Address:	6850 6TH AVE N	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	P	( ) Delete
Name:	WAXMAN, BUD	
Address:	6850 10 AVE N.	
City-St-Zip:	LAKE WORTH, FL	
Title:	D	( ) Delete
Name:	BRUSILOW, M	
Address:	6850 6TH AVE N.	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	D	( ) Delete
Name:	TROTTA, ROSEANOG	
Address:	6850 10TH AVE N	
City-St-Zip:	LAKE WORTH, FL 33467	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BARBARA, BARBARA	
Address:	6850 10TH AVE N	
City-St-Zip:	LAKE WORTH, FL 33467	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BUD WAXMAN P 03/11/2009

Electronic Signature of Signing Officer or Director — Date