

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756559

FILED  
Jan 06, 2010  
Secretary of State

**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  
Name: SILVER, MORRIS  
Address: 6850 10TH AVE N  
City-St-Zip: LAKE WORTH, FL 33467 PB

Title: T  
Name: WAXMAN, BUD  
Address: 6850 6TH AVE N.  
City-St-Zip: LAKE WORTH, FL 33467 PB

Title: D  
Name: GENOVESE, LEN  
Address: 6850 6TH AVE N  
City-St-Zip: LAKE WORTH, FL 33467 PB

Title: P  
Name: WAXMAN, BUD  
Address: 6850 10 AVE N.  
City-St-Zip: LAKE WORTH, FL 33467 PB

Title: D  
Name: BRUSLOW, MIKE  
Address: 6850 6TH AVE N.  
City-St-Zip: LAKE WORTH, FL 33467 PB

Title: D  
Name: BARTLEY, BARBARA  
Address: 6850 10TH AVE N  
City-St-Zip: LAKE WORTH, FL 33467 PO

I hereby 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 all other like empowered.

SIGNATURE: BUD WAXM,AN

P

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date