

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757297

FILED
Jan 07, 2009
Secretary of State

Entity Name: POINCIANA PLACE TOWN HOMES, INC.

Current Principal Place of Business:

3201 STRAWFLOWER
LAKE WORTH, FL 33467

New Principal Place of Business:

6991 QUINCE LANE
LAKE WORTH, FL 33467

Current Mailing Address:

POST OFFICE BOX 540303
LAKE WORTH, FL 33454

New Mailing Address:

FEI Number: 59-2243649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAM JD SERVICES CORP
C/O JACQUE CHARETTE
3201 STRAWFLOWER
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

FUCHS AND JONES PA
590 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411 US

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: LAWRENCE M FUCHS

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CARMONA, RAYMOND
Address: 6990 QUNICE LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: VP () Delete
Name: GIARRAPUTO, LILLIAN
Address: 6695 QUINCE LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: DT () Delete
Name: LEVY, LOIS
Address: 6991 QUINCE LN
City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GIARRAPUTO, LILLIAN
Address: 6995 QUNICE LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: VP (X) Change () Addition
Name: LEVY, LOIS H
Address: 6691 QUINCE LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: DT (X) Change () Addition
Name: HAAS, MARVIN
Address: 6991 LUPIN LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: DS () Change (X) Addition
Name: LEVY, LOIS H
Address: 6991 QUINCE LANE
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: LOIS H LEVY

VP

01/07/2009

Electronic Signature of Signing Officer or Director

Date