

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90019 043 ****61.25

DOCUMENT # 758560 1. Entity Name DORCHESTER AT POINCIANA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % PMS CORP. 3150 VIA POINCIANA DRIVE LAKE WORTH, FL 33467			Mailing Address % PMS CORP. 3150 VIA POINCIANA DRIVE LAKE WORTH, FL 33467		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2166052	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROPERTY MGMT.SERVICES 3150 VIA POINCIANA LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROTHCHILD, LARRY 3286 ARCARA WAY #315 LAKE WORTH, FL 33467	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REBENSTEIN, PAUL 3286 ARCARA WAY # 112 LAKE WORTH, FL 33467	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WIRSH, BERNARD 3286 ARCARA WAY LAKE WORTH, FL 33467	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, JERRY 3286 ARCARA WAY # 318 LAKE WORTH, FL 33467	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DANIELS, ELEANOR 3286 ARCARA WAY LAKE WORTH, FL 33467	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ 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: <u>Bernard Wirsh</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/12/08 561-967-9898 Date Daytime Phone #		