2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 759864

Entity Name: POINCIANA GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

%PROPERTY MANAGEMENT SERVICE
3150 VIA POINCIANA
LAKE WORTHACH, FL 33467

New Principal Place of Business:

Current Mailing Address:

%PROPERTY MANAGEMENT SERVICE
3150 VIA POINCIANA
LAKE WORTHACH, FL 33467

New Mailing Address:

FEI Number: 59-2264462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT SERVICES CORP.
8299 CORAL WAY
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

PROPERTY MANAGEMENT SERVICES CORP.
3150 VIA POINCIANA
LAKE WORTH, FL 33467 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: ARNOLD MAIN 04/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MAINE, ARNOLD
Address: 3212 STRAWFLOWER WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: DT ( ) Delete
Name: EISNER, MILTON
Address: 3212 STRAWFLOWER WAY
City-St-Zip: LAKE WORTH, FL 33467

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: SUEDA, MARK
Address: 3212 STRAWFLOWER WAY
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: ARNOLD MAIN DP 04/16/2009
Electronic Signature of Signing Officer or Director Date