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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759938 (4)
1. Corporation Name
ESSEX AT POINCIANA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
3326 ARCARA WAY LAKE WORTH FL 33467
3326 ARCARA WAY LAKE WORTH FL 33467-1968

3. Date Incorporated or Qualified 09/04/1981
3a. Date of Last Report 02/16/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2267842	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent SHUR, SIDNEY 3326 ARCARA WAY LAKE WORTH FL 33467	10. Name and Address of New Registered Agent 61. Name 62. Street Address (P.O. Box Number is Not Acceptable) 63. 64. City 65. Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD NAME: LIGHTMAN, DAVID STREET ADDRESS: 3326 ARCARA WAY CITY-ST-ZIP: LAKE WORTH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: RAYMOND RIVLIN 1.3 STREET ADDRESS: 3326 ARCARA WAY 1.4 CITY-ST-ZIP: LAKE WORTH, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DP NAME: ZAHN, RHODA STREET ADDRESS: 3326 ARCARA WAY CITY-ST-ZIP: LAKE WORTH, FL 00000	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VD 2.2 NAME: MORRIS KATZ 2.3 STREET ADDRESS: 3326 ARCARA WAY 2.4 CITY-ST-ZIP: LAKE WORTH, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: SHUR, SIDNEY STREET ADDRESS: 3326 ARCARA WAY CITY-ST-ZIP: LAKE WORTH, FL 00000	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: LEVINE, MIRIAM STREET ADDRESS: 3326 ARCARA WAY CITY-ST-ZIP: LAKE WORTH, FL 00000	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: S 4.2 NAME: NADINE GOLDBERG 4.3 STREET ADDRESS: 3326 ARCARA WAY 4.4 CITY-ST-ZIP: LAKE WORTH, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: LEVINE, BEN STREET ADDRESS: 3326 ARCARA WAY CITY-ST-ZIP: LAKE WORTH FL	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KLEIN, THEODORE STREET ADDRESS: 3326 ARCARA WAY CITY-ST-ZIP: LAKE WORTH FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: LA DONA LICHTMAN 6.3 STREET ADDRESS: 3326 ARCARA WAY 6.4 CITY-ST-ZIP: LAKE WORTH, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sidney Shur REQUIRED 3/10/97 561-433-5451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044110

CR2E037 (9/96)