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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 759938

1. Corporation Name

ESSEX AT POINCIANA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3326 ARCARA WAY
 LAKE WORTH FL 33467

Mailing Address

3326 ARCARA WAY
 LAKE WORTH FL 33467



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/04/1981

4. FEI Number

59-2267842

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIVLIN, RAYMOND	
STREET ADDRESS	3326 ARCARA WAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KATZ, MORRIS	
STREET ADDRESS	3326 ARCARA WAY	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHUR, SIDNEY	
STREET ADDRESS	3326 ARCARA WAY	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RIVLIN, HELEN	
STREET ADDRESS	3326 ARCARA WAY	
CITY-ST-ZIP	LAKE WORTH, FL 00000 33467	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FALK, OWEN	
STREET ADDRESS	3326 ARCARA WAY	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LICHTMAN, LADENA	
STREET ADDRESS	3326 ARCARA WAY	
CITY-ST-ZIP	LAKE WORTH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sidney Shur Treasurer

Date

Daytime Phone #

1/10/99 561-433-5451

CR2E037 (11/98)