


**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 759938</b>			
1. Entity Name <b>ESSEX AT POINCIANA CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>3326 ARCARA WAY LAKE WORTH, FL 33467</b>		Mailing Address <b>3326 ARCARA WAY LAKE WORTH, FL 33467</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PMS CORP 3150 VIA POINCIANA LAKE WORTH, FL 33467		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			



01052008 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2267842** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**Filing Fee is \$81.25 Due by May 1, 2006** 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 FRIEMAN, BERILL 3326 ARCORA WAY, # 201 LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>(00000)393157 01/25/06-80009-021 61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KATZ, MORRIS 3326 ARCORA WAY LAKE WORTH, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHUR, SIDNEY 3326 ARCORA WAY LAKE WORTH, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALK, OWEN 3326 ARCORA WAY LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LICHTMAN, LADENA 3326 ARCORA WAY LAKE WORTH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *David J. Friedman Pres. 1/11/06*