2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759938

FILED Apr 16, 2009 Secretary of State

Entity Name: ESSEX AT POINCIANA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3326 ARCARA WAY LAKE WORTH, FL 33467

Current Mailing Address: New Mailing Address:

3326 ARCARA WAY

LAKE WORTH, FL 33467

3150 VIA POINCIANA

LAKE WORTH, FL 33467

FEI Number: 59-2267842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PMS 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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 FRIEMAN, BERILL
 Name:
 FALK, OWEN

 Address:
 3326 ARCORA WAY, # 201
 Address:
 3326 ARCARA WAY

 City-St-Zip:
 LAKE WORTH, FL 33467
 City-St-Zip:
 LAKE WORTH, FL 33467

Title: D () Delete Title: DVP (X) Change () Addition Name: FALK, OWEN Name: SEMELMACHER, WAYNE

Address: 3326 ARCARA WAY Address: 3326 ARCARA WAY
City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete Title: DS (X) Change () Addition

 Name:
 WEISS, ALAN
 Name:
 SCHNIPPER, IRIS

 Address:
 3326 ARCARA WAY
 Address:
 3326 ARCARA WAY

 City-St-Zip:
 LAKE WORTH, FL 33467
 City-St-Zip:
 LAKE WORTH, FL 33467

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad ({\sf X}) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad (\) \ {\sf Change} \ (\) \ {\sf Addition}$

 Name:
 SEMELMACHOR, WAYNE
 Name:

 Address:
 3326 ARCARA WAY
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33467
 City-St-Zip:

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: OWEN FALK DP 04/16/2009