

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90029 010 ****61.25

DOCUMENT # 769161 1. Entity Name POINCIANA LAKES BUILDING "E" CONDOMINIUM ASSOCIATION, INC.																																																																																																		
Principal Place of Business 3154 VIA POINCIANA LAKE WORTH, FL 33467		Mailing Address 3154 VIA POINCIANA 3150 VIA PONCIANA DR LAKE WORTH, FL 33467																																																																																																
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																
City & State Zip Country		City & State Zip Country																																																																																																
4. FEI Number 59-2381506				Applied For ☐ Not Applicable																																																																																														
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																														
6. Name and Address of Current Registered Agent PMS CORP. 3150 VIA POINCIANA DR LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when releasing) Signature, typed or printed name of registered agent and title if applicable. DATE																																																																																																		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>SHAPIRO, PAUL</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>3154 VIA POINCIANA #108 LAKE WORTH, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>TSD STROUSBERG, LILLIAN</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>3154 VIA POINCIANA #218 LAKE WORTH, FL 33467</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>D SHAPIRO, EDWARD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>3154 VIA POINCIANA 109 LAKE WORTH, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Change</td> <td style="text-align: center;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Change</td> <td style="text-align: center;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Change</td> <td style="text-align: center;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>						TITLE	NAME	Delete	STREET ADDRESS	SHAPIRO, PAUL		CITY - ST - ZIP	3154 VIA POINCIANA #108 LAKE WORTH, FL		TITLE	NAME	Delete	STREET ADDRESS	TSD STROUSBERG, LILLIAN		CITY - ST - ZIP	3154 VIA POINCIANA #218 LAKE WORTH, FL 33467		TITLE	NAME	Delete	STREET ADDRESS	D SHAPIRO, EDWARD		CITY - ST - ZIP	3154 VIA POINCIANA 109 LAKE WORTH, FL		TITLE	NAME	Delete	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Delete	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Change	Addition	STREET ADDRESS				CITY - ST - ZIP				TITLE	NAME	Change	Addition	STREET ADDRESS				CITY - ST - ZIP				TITLE	NAME	Change	Addition	STREET ADDRESS				CITY - ST - ZIP				TITLE	NAME	Change	Addition	STREET ADDRESS				CITY - ST - ZIP			
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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: _____ 2/7/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																		

PAID 2-15-8

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