

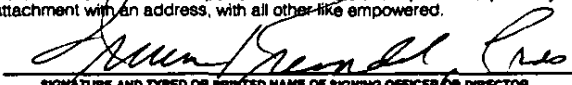


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90019 048 ****61.25

DOCUMENT # 769166 1. Entity Name GRAMERCY AT POINCIANA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business PMS CORP 3150 VIA POINCIANA LAKE WORTH, FL 33467 US			Mailing Address PMS CORP 3150 VIA POINCIANA LAKE WORTH, FL 33467 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> DATE PAID 2-15-08 CHECK NO. 40027177 </div>  <div style="margin-top: 10px;"> 01152008 Chg-NP CR2E037 (12/06) </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 4. FEI Number 59-2516722 <div style="float: right; text-align: right;"> Applied For Not Applicable </div> </div> <div style="margin-top: 5px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent PMS CORP 3150 VIA POINCIANA 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PDT <input type="checkbox"/> Delete KREINDEL, IRWIN 8768 10TH AVE N LAKE WORTH, FL 33467	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	D <input type="checkbox"/> Delete GOLDMAN, SELMA 8768 10TH AVE N LAKE WORTH, FL 33467	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	DVP <input type="checkbox"/> Delete BARACK, MIRIAM 8768 10TH AVE. NORTH LAKE WORTH, FL 33467	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete FRIED, ARTHUR 8768 10TH AVE N LAKE WORTH, FL 33467	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	D <input type="checkbox"/> Delete TILSON, SAUL 8768 10TH AVE N # 114 LAKE WORTH, FL 33467	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete 	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
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:  2/18/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small> <small>Daytime Phone #</small> </div>					