

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769166

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** GRAMERCY AT POINCIANA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

PMS CORP  
3150 VIA POINCIANA  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

**Current Mailing Address:**

PMS CORP  
3150 VIA POINCIANA  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

**FEI Number:** 59-2516722      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PMS CORP  
3150 VIA POINCIANA  
LAKE WORTH, FL 33467 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: KREINDEL, IRWIN  
Address: 6768 10TH AVE N  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: GOLDMAN, SELMA  
Address: 6768 10TH AVE N  
City-St-Zip: LAKE WORTH, FL 33467

Title: DVP ( ) Delete  
Name: BARACK, MIRIAM  
Address: 6768 10TH AVE. NORTH  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: TILSON, SAUL  
Address: 6768 10TH AVE N # 114  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDT (X) Change ( ) Addition  
Name: DARBY, AL  
Address: 6768 10TH AVE N  
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: KREINDEL, IRWIN  
Address: 6768 10TH AVE. NORTH  
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: AL DARBY

DP

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date