

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000005575

FILED
Jun 25, 2008
Secretary of State

Entity Name: THE POINCIANA ELEMENTARY MATH/SCIENCE/TECHNOLOGY MAGNET SCHOOL PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

1203 NORTH SEACREST AVE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

1203 NORTH SEACREST BLVD
BOYNTON BEACH, FL 33435

Current Mailing Address:

1203 NORTH SEACREST AVE
BOYNTON BEACH, FL 33435

New Mailing Address:

1203 NORTH SEACREST BLVD
BOYNTON BEACH, FL 33435

FEI Number: 65-1130536 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SLACK, PETER
1203 N. SEACREST BLVD.
BOYNTON BEACH, FL 33435 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: PETER T. SLACK

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RUSTAN, DIANE
Address: 2452 SOUTHRIDGE ROAD
City-St-Zip: DELRAY BEACH, FL 33444

Title: DV () Delete
Name: GALLO, TAMMY
Address: 732 NE 10TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DT () Delete
Name: PALO, LAURA
Address: 5401 OAKMONT VILLAGE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: DS () Delete
Name: DIETRICK, JENNIFER
Address: 925 LEGRACE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: DS (X) Delete
Name: PEREZ, ANNIE
Address: 5455 PINE TREE DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: REITANO, AMY
Address: 9865 MAJESTIC WAY
City-St-Zip: BOYNTON BEACH, FL 33437

Title: DV (X) Change () Addition
Name: STEARNS, MICHELE
Address: 4229 CEDAR CREEK RANCH CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

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

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

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: LAURA PALO

DT

06/25/2008

Electronic Signature of Signing Officer or Director

Date