

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                     |                                                               |                                                                                                                                                                         |                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N03000007443</b><br>1. Entity Name<br><b>POINCIANA PLACE VILLAS CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                     |                                                               |                                                                                                                                                                         |                                                                                                                    |  |
| Principal Place of Business<br>3150 VIA POINCIANA<br>LAKE WORTH, FL 33467                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                                                                     | Mailing Address<br>3150 VIA POINCIANA<br>LAKE WORTH, FL 33467 |                                                                                                                                                                         |                                                                                                                    |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         | 3. Mailing Address                                                                  |                                                               |                                                                                                                                                                         |                                                                                                                    |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         | Suite, Apt. #, etc.                                                                 |                                                               |                                                                                                                                                                         |                                                                                                                    |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | City & State                                                                        |                                                               | 4. FEI Number<br><b>NOT APPLICABLE</b>                                                                                                                                  |                                                                                                                    |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         | Country                                                                             |                                                               | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                         |                                                                                                                    |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PMS CORP</b><br><b>3150 VIA POINCIANA</b><br><b>LAKE WORTH, FL 33467</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                     |                                                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |                                                                                                                    |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                                                                     |                                                               |                                                                                                                                                                         |                                                                                                                    |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                               | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                      |                                                                                                                    |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         |                                                                                     |                                                               |                                                                                                                                                                         |                                                                                                                    |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |                                                                                                                                                                         |                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DP<br>JIMENEZ, RAYMOND<br>3158 #4 VIA POINCIANA<br>LAKE WORTH, FL 33467 |                                                                                     | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>U000000601120<br>01/26/07-80036-018 61.25 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DS<br>GITL, CHARLOTTE<br>3158 #7 VIA POINCIANA<br>LAKE WORTH, FL 33467  |                                                                                     | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DT<br>LINDELL, DIAN<br>3170 #5<br>LAKE WORTH, FL 33467                  |                                                                                     | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                                     | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                                     | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                                     | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |  |
| 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. |                                                                         |                                                                                     |                                                               |                                                                                                                                                                         |                                                                                                                    |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                                                                                     |                                                               |                                                                                                                                                                         |                                                                                                                    |  |
| Date <span style="float: right;">1/24/07</span> Daytime Phone # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                         |                                                                                     |                                                               |                                                                                                                                                                         |                                                                                                                    |  |