

104000005117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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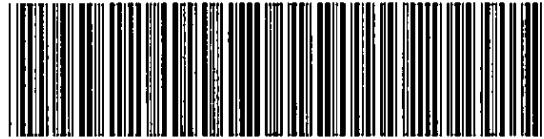
(Business Entity Name)

(Document Number)

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2021 MAY -3 AM 10:37
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TALLAHASSEE, FL

6/4/21

SP

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Poinciana Community Group, Inc.
Name of Corporation

DOCUMENT NUMBER: N04000005117

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia J Sullivan

Name of Contact Person

Poinciana Community Group, Inc.

Firm/Company

3465 Via Poinciana #701

Address

Lake Worth, FL 33467

City/State and Zip Code

pcgclub@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia J Sullivan

Name of Contact Person

at (908)

601-4338

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Poinciana Community Group, Inc.
2. The principal office address: 3536 Via Poinciana - Lake Worth, FL 33467
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2004 Document number: N04000005117
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Patricia Sullivan
3951 VIA Poinciana 112
Lake Worth FL, 33467

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Patricia J Sullivan
3465 Via Poinciana
Lake Worth, FL 33467

P.O. Box NOT acceptable

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TALLAHASSEE, FL

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Patricia J Sullivan
Signature of an officer or director

Patricia J Sullivan Pres
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Patricia J Sullivan
Signature of Registered Agent

4-29-2021
Date

If signing on behalf of an entity:

Patricia J Sullivan
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000005117

Entity Name: POINCIANA COMMUNITY GROUP, INC.

Current Principal Place of Business:

3536 VIA POINCIANA
LAKE WORTH, FL 33467

Current Mailing Address:

3536 VIA POINCIANA
LAKE WORTH, FL 33467

FEI Number: 45-0534017

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SULLIVAN, PATRICIA J
~~3951 VIA POINCIANA 112~~
LAKE WORTH, FL 33467 US

CHANGE OF ADDRESS

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: PATRICIA J SULLIVAN

04/27/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES	Title	VP
Name	SULLIVAN, PATRICIA J	Name	GRAHAM, JOYCE M
Address	3465 VIA POINCIANA 701	Address	3326 ARCARA WAY 101
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467
Title	TREA	Title	SEC'Y
Name	DONNELLY, RUSSELL	Name	SUSS, TEDDY
Address	6698 10TH AVENUE NORTH 118	Address	3590 VIA POINCIANA 306
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467
Title	FOOD & BEVERAGE MANAGER	Title	FOOD & BEVERAGE MANAGER
Name	MAGARI, MELANIE	Name	RANGEL, MELYN
Address	15743 62ND PLACE NORTH	Address	706 SOUTH B STREET
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	LAKE WORTH FL 33460

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA SULLIVAN

PRESIDENT

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date