

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006724

FILED  
Jul 09, 2012  
Secretary of State

**Entity Name:** EL-AD POINCIANA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O INTEGRITY PROPERTY MGT  
5665 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O INTEGRITY PROPERTY MGT  
5665 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 US

**New Mailing Address:**

**FEI Number:** 20-3086756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INTEGRITY PROPERTY MANAGEMENT  
5665 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 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:** PD  
**Name:** BUFFALOE, MARK  
**Address:** 5665 CORAL RIDGE DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33076

**Title:** VPD  
**Name:** WHITE WEBSTER, KAYE  
**Address:** 5665 CORAL RIDGE DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33076

**Title:** TD  
**Name:** AMICO, GIUSEPPA  
**Address:** 5665 CORAL RIDGE DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33076 US

**Title:** SD  
**Name:** JADOONANAN, HEMA DR.  
**Address:** 5665 CORAL RIDGE DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33076

**Title:** D  
**Name:** KOLLAR, ANDREA  
**Address:** 5665 CORAL RIDGE DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33076

**Title:** D  
**Name:** CORCORAN, THOMAS  
**Address:** 5665 CORAL RIDGE DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33076

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:** MARK BUFFALOE

PD

07/09/2012

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

\_\_\_\_\_  
Date