

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90074 037 ****61.25

DOCUMENT # N10528

1. Entity Name

POINCIANA LAKES SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

3150 POINCIANA DRIVE
 LAKE WORTH FL 33467

3150 POINCIANA DRIVE
 LAKE WORTH FL 33467-1483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2381859

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PMS CORP
3150 VIA POINCIANA
LAKE WORTH FL 33467

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

~~FEE IS \$61.25~~

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERLAUTO, EILEEN	
STREET ADDRESS	3154 VIA POINCIANA DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GREENWALD, ADELE	
STREET ADDRESS	3138 VIA POINCIANA DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MINTZ, EDITH	
STREET ADDRESS	3146 VIA POINCIANA DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KRICHINSKY, DEENA	
STREET ADDRESS	3146 VIA POINCIANA DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CHMARA, PHYLLIS	
STREET ADDRESS	3138 VIA POINCIANA	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, RAE	
STREET ADDRESS	3146 VIA POINCIANA DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLOTTE WEINPRESS	
STREET ADDRESS	3178 VIA POINCIANA	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN FRANCO MANO	
STREET ADDRESS	3178 VIA POINCIANA	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LILLIAN COHEN	
STREET ADDRESS	3186 VIA POINCIANA	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELEN WARREN	
STREET ADDRESS	3154 VIA POINCIANA	
CITY-ST-ZIP	LAKE WORTH, FL 33467	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE REQUIRED

Eileen J. Ferlauto 3/4/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)