


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90038 025 ****61.25

DOCUMENT # N10528 1. Entity Name POINCIANA LAKES SOCIAL CLUB, INC.	
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Principal Place of Business 3150 POINCIANA DRIVE LAKE WORTH, FL 33467	Mailing Address 3150 POINCIANA DRIVE LAKE WORTH, FL 33467
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2381859	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PMS CORP 3150 VIA POINCIANA LAKE WORTH, FL 33467
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERLAUTO, EILEEN 3154 VIA POINCIANA DRIVE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAL, CHARLOTTE 3158 VIA POINCIANA #7 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MINTZ, EDITH 3146 VIA POINCIANA DRIVE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANCOMANO, JEAN 3178 VIA POINCIANA LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COHEN, LILLIAN 3186 VIA POINCIANA LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, HELEN 3154 VIAN POINCIANA LAKE WORTH, FL 33467

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Lillian Cohen, Lillian Cohen, T - 1/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #