

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N10528

1. Entity Name
POINCIANA LAKES SOCIAL CLUB, INC.



FILED

08 OCT 29 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3150 POINCIANA DRIVE
LAKE WORTH, FL 33467

Mailing Address
3150 POINCIANA DRIVE
LAKE WORTH, FL 33467



REINSTATEMENT 2008

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2381859

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PMS CORP
3150 VIA POINCIANA
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERLAUTO, EILEEN	
STREET ADDRESS	3154 VIA POINCIANA DRIVE	
CITY-ST-ZIP	LAKE WORTH, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAL, CHARLOTTE	
STREET ADDRESS	3158 VIA POINCIANA #7	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MINTZ, EDITH	
STREET ADDRESS	3146 VIA POINCIANA DRIVE	
CITY-ST-ZIP	LAKE WORTH, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRANCOMANO, JEAN	
STREET ADDRESS	3178 VIA POINCIANA	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	T	<input type="checkbox"/> Delete
NAME	COHEN, LILLIAN	
STREET ADDRESS	3186 VIA POINCIANA	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARREN, HELEN	
STREET ADDRESS	3154 VIAN POINCIANA	
CITY-ST-ZIP	LAKE WORTH, FL 33467	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7001374256	
STREET ADDRESS	10/29/08--01032--002 **61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #