

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10528

FILED
Mar 22, 2009
Secretary of State

Entity Name: POINCIANA LAKES SOCIAL CLUB, INC.

Current Principal Place of Business:

3150 POINCIANA DRIVE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

3150 POINCIANA DRIVE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 59-2381859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PMS CORP
3150 VIA POINCIANA
LAKE WORTH, FL 33467 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 () Delete
Name: FERLAUTO, EILEEN
Address: 3154 VIA POINCIANA DRIVE
City-St-Zip: LAKE WORTH, FL

Title: VD () Delete
Name: BAL, CHARLOTTE
Address: 3158 VIA POINCIANA #7
City-St-Zip: LAKE WORTH, FL 33467

Title: VD () Delete
Name: MINTZ, EDITH
Address: 3146 VIA POINCIANA DRIVE
City-St-Zip: LAKE WORTH, FL

Title: S () Delete
Name: FRANCOMANO, JEAN
Address: 3178 VIA POINCIANA
City-St-Zip: LAKE WORTH, FL 33467

Title: T (X) Delete
Name: COHEN, LILLIAN
Address: 3186 VIA POINCIANA
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: WARREN, HELEN
Address: 3154 VIAN POINCIANA
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BAL, CHARLOTTE
Address: 3158 VIA POINCIANA #7
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EILEEN FERLAUTO

P

03/22/2009

Electronic Signature of Signing Officer or Director

Date