


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N12439		
1. Entity Name POINCIANA GOLF CLUB, INC.		

FILED
05 NOV 18 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3536 POINCIANA DR. LAKE WORTH, FL 33463	Mailing Address 3536 POINCIANA DR. LAKE WORTH, FL 33463
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2. Principal Place of Business 3536 Via Poinciana Suite, Apt. #, etc.	3. Mailing Address 3536 Via Poinciana Suite, Apt. #, etc.
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10202005 REIN-NP CR2E099 (6/04)

City & State LAKE WORTH, FL	City & State LAKE WORTH, FL	4. FEI Number APPLIED FOR	Applied For Not Applicable
Zip 33467	Country USA	Zip 33467	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROTHCHILD, LARRY 3755 VIA POINCIANA #102 LAKE WORTH, FL 33467	7. Name and Address of New Registered Agent Name William X Byrne Street Address (P.O. Box Number is Not Acceptable) 3536 Via Poinciana City LAKE WORTH FL Zip Code 33467
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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 William X Byrne DATE 10/31/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAXMAN, HAROLD 6850 10TH AVE #211 LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAYMOND RIVLIN 3326 ARCADIA WAY APT #409 LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDELMAN, BORIS 6698 10TH AVE NORTH #318 FT LAUDERDALE, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR EDNA KEENAN 3452 STANTON TERRACE LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONATH, ROSILYND 6997 LUPIN LANE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000061554100 11/18/05--01058--001 <input type="checkbox"/> Change <input type="checkbox"/> Addition **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PR 11/21</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William X Byrne DATE 10/31/05 561-439-4733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #