

**2006 NOT-FOR-PROFIT CORPORATION
-ANNUAL REPORT (AR)**

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90010 003 ****61.25

DOCUMENT # N23219 1. Entity Name POINCIANA ROAD CORPORATION					
Principal Place of Business 3536 POINCIANA DRIVE LAKE WORTH FL 33467 US			Mailing Address 3536 POINCIANA DRIVE LAKE WORTH FL 33467 US		
2. Principal Place of Business 3536 VIA POINCIANA		3. Mailing Address 3536 VIA POINCIANA			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL		4. FEI Number 65-0132867	
Zip 33467		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BYRNE, WILLIAM X 3536 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>William X Byrne</i></u> 2/14/06 <small>Signature, typed or printed name of registered agent, or both, if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIVLIN, RAYMOND 3326 ARCARA WAY, # 409 LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLIOTT CORRENE 3465 VIA POINCIANA, Apt #603 LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BYRNE, WILLIAM X 3810 VIA POINCIANA LAKE WORTH FL 33467	<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	SEC MONATH, ROSILYND 6997 LUPIN LANE LAKE WORTH FL 33467	<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	T EDELMAN, BORIS 6698 10TH AVENUE N, #318 LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES 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	<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 exemptions contained in Section 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: <u><i>William X Byrne</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/14/06 561-439-4733 <small>Date Daytime Phone</small>		



ATTACHMENT

40034274

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

POINCIANA ROAD CORPORATION
3536 VIA POINCIANA
LAKE WORTH, FL 33467 US

Subject: POINCIANA ROAD CORPORATION

Reference Number: N23219

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION

RECEIVED 3/13/06
CHECK # _____
APPROVED _____
PAID _____
ACCT. CHGD. _____
CODE _____