

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000373

FILED
Apr 16, 2009
Secretary of State

Entity Name: PONCE DE LEON MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

11369 OKEECHOBEE BLVD.
200
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

11369 OKEECHOBEE BLVD.
200
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-0688282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, ANTHONY
11369 OKEECHOBEE BLVD.
200
ROYAL PALM BEACH, FL 33411 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: VP () Delete
Name: BAUMEL, ERIC
Address: 12798 WEST FOREST HILLS BLVD. STE. 301A
City-St-Zip: WELLINGTON, FL 33414

Title: PRES () Delete
Name: RAMIREZ, ANTHONY
Address: 11369 OKEECHOBEE BLVD STE. 200
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TRES () Delete
Name: HAINES, MICHELLE
Address: 11317 OKEECHOBEE BLVD.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DIR () Delete
Name: RIVERA, HECTOR
Address: 11369 OKEECHOBEE BLVD STE. 100-B
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SEC () Delete
Name: CAVANAUGH, BOB
Address: 756 PINE CHASE CT.
City-St-Zip: WELLINGTON, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SECR (X) Change () Addition
Name: CHAZIN, ARYEH
Address: 9721 ENCHANTED POINTE LN
City-St-Zip: BOCA RATON, FL 33496

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

Title: TRES (X) Change () Addition
Name: CAVANAUGH, BOB
Address: 756 PINE CHASE CT.
City-St-Zip: WELLINGTON, FL 33411

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: ANTHONY RAMIREZ

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date