

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755991

**Entity Name:** POINCIANA VILLAGE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

3150 VIA POINCIANA  
LAKE WORTH, FL 33467

**FILED**  
**Apr 09, 2015**  
**Secretary of State**  
**CC4235783465**

**Current Mailing Address:**

C/O PMS CORP 5430 10TH AVE NORTH  
SUITE B  
GREENACRES, FL 33463 US

**FEI Number: 59-2166048**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PMS, INC  
5430 10TH AVE NORTH  
SUITE B  
GREENACRES, FL 33463 US

*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

**Officer/Director Detail :**

Title P  
Name WAXMAN, BUD  
Address 6768 10TH AVENUE NORTH #211  
City-State-Zip: LAKE WORTH FL 33467

Title T/S  
Name EISNER, MILTON  
Address 3212 STRAWFLOWER WAY#109  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name SHAPIRO, PAUL  
Address 3154 VIA POINCIANA #108  
City-State-Zip: LAKE WORTH FL 33467

*I hereby 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 all other like empowered.*

**SIGNATURE: PAUL SHAPIRO**

**MANAGER**

**04/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date