

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**  
 APR 12 AM 11:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CORPORATION  
 ANNUAL REPORT  
 1995



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortonham,  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 723528 (6)**  
 1. Corporation Name  
**ASSOCIATION OF POINCIANA VILLAGES, INC.**

Principal Place of Business Mailing Address  
**11 DOVERPLUM CENTER KISSIMMEE FL 34759-0499**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/26/1972** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1514293** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**BROWN, ROCKELL**  
**11 DOVERPLUM CENTER**  
**KISSIMMEE FL 32758-9606**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**700001455177**  
**-04/13/95--01008--014**  
**\*\*\*1248,75 \*\*\*138,75**  
**FL 85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PO</b> <b>PASHLEY, JEFFREY/C</b> <b>24 DOVERPLUM CENTER/</b> <b>KISSIMMEE FL</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b> <b>MARY E. EMERSON</b> <b>11 DOVERPLUM CENTER</b> <b>KISSIMMEE, FL 34759</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>FENWICK, DANIEL T</b> <b>11 DOVERPLUM CENTER</b> <b>KISSIMMEE FL</b>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD</b> <b>CLEMAN, ROBERT J</b> <b>11 DOVERPLUM CENTER</b> <b>KISSIMMEE FL</b>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CONDONOUR, JEANETTE</b> <b>24 DOVERPLUM CENTER</b> <b>KISSIMMEE FL</b>	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>FRANK J. GROH</b> <b>11 DOVERPLUM CENTER</b> <b>KISSIMMEE, FL 34759</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GETMAN, DENNIS</b> <b>201 ALHAMBRA CIRCLE</b> <b>CORN/CANALS FL</b>	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SETTLES, G/VICTOR</b> <b>201 ALHAMBRA CIRCLE</b> <b>CORN/CANALS FL</b>	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary E. Emerson **MARY E. EMERSON** 2/24/95 **(407) 933-5848**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in 1 Year #)