

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 22 1996 8:00 am
Secretary of State

DOCUMENT # 723528 (6)

1. Corporation Name
ASSOCIATION OF POINCIANA VILLAGES, INC.



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

3. Date Incorporated or Qualified: **05/26/1972**
3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	401 E. WALNUT	26	401 E. WALNUT	59-1514293		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23	KISSIMEE, FL	28	KISSIMEE, FL				
Zip	Country	Zip	Country				
24	34759	25	FL	29	34759	30	FL

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROWN, ROCKELL 11 DOVERPLUM CENTER KISSIMEE FL 32758-9606				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	KISSIMEE		
				84	City		
				FL	85	Zip Code	
						34759	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERSON, MARY E	1.2 NAME	
STREET ADDRESS	11 DOVERPLUM CENTER	1.3 STREET ADDRESS	401 E. WALNUT
CITY-ST-ZIP	KISSIMEE FL 34759	1.4 CITY-ST-ZIP	KISSIMEE, FL 34759
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FENWICK, DANIEL T	2.2 NAME	J. ROBERT CLEMAN
STREET ADDRESS	11 DOVERPLUM CENTER	2.3 STREET ADDRESS	401 E. WALNUT
CITY-ST-ZIP	KISSIMEE FL	2.4 CITY-ST-ZIP	KISSIMEE, FL 34759
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMAN, ROBERT J	3.2 NAME	JEANETTE R. COUGHENOR
STREET ADDRESS	11 DOVERPLUM CENTER	3.3 STREET ADDRESS	24 DOVERPLUM CENTER
CITY-ST-ZIP	KISSIMEE FL	3.4 CITY-ST-ZIP	KISSIMEE, FL 34759
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROH, FRANK J	4.2 NAME	
STREET ADDRESS	11 DOVERPLUM CENTER	4.3 STREET ADDRESS	401 E. WALNUT
CITY-ST-ZIP	KISSIMEE FL 34759-0499	4.4 CITY-ST-ZIP	KISSIMEE, FL 34759
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Mary E. Emerson* Mary E. Emerson 4/1/96 (941) 427-0900
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)