## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

723528

(6)

## ASSOCIATION OF POINCIANA VILLAGES, INC.

COLUMN AUAUT RESIMEE FL 34759  S. Deste Incorporated or Qualified  3. Date of Country  2. Principal Place of Business  2. Mading Address  2. Mading Address  3. Deste Incorporated or Qualified  3. Date of Lest Report  (05/26/1972)  3. Deste Incorporated or Qualified  3. Date of Lest Report  (04/22/1986)  3. Deste Incorporated or Qualified  3. Date of Lest Report  (04/22/1986)  3. Deste Incorporated or Qualified  3. Date of Lest Report  (04/22/1982)  3. Deste Incorporated or Qualified  3. Date of Lest Report  (04/22/1982)  3. Deste Incorporated or Qualified  3. Date of Lest Report  (04/22/1982)  3. Deste Incorporated or Qualified  3. Date of Lest Report  (04/22/1982)  3. Deste Incorporated or Qualified  3. Date of Lest Report  (04/22/1982)  3. Deste Incorporated or Qualified  3. Date of Lest Report  (04/22/1982)  3. Deste Incorporated or Qualified  3. Date of Lest Report  (04/22/1982)  3. Deste Incorporated or Qualified  3. Date of Lest Report  (04/22/1982)  3. Deste Incorporated or Qualified  3. Date of Lest Report  (04/22/1982)  (04/22/1982)  (04/24/1982)  3. Deste Incorporated or Stack Date of Lest Report  (05/26/1972)  3. Deste Incorporated or Stack Date of Lest Report  (05/26/1972)  3. Deste Incorporate of Stack Date of Lest Report  (05/26/1972)  3. Deste Incorporate of Stack Date of Lest Report  (05/26/1972)  3. Deste Incorporate of Stack Date of Lest Report  (05/26/1972)  3. Deste Incorporate of Stack Date of Lest Report  (05/26/1972)  3. Deste Incorporate of Stack Date of Lest Report  (05/26/1972)  3. Deste Incorporate of Stack Date of Lest Report  (05/26/1972)  3. Deste Incorporate of Stack Date of Lest Report  (05/26/1972)  3. Deste Incorporate of Stack Date of Lest Report  (05/26/1972)  3. Deste Incorporate of Stack Date of Lest Report  (05/26/1972)  3. Deste Incorporate of Stack Date of Lest Report  (05/26/1972)  3. Deste Incorporate of Report Date of Lest Report  (05/26/1972)  3. Deste Incorporate of Report Date of Lest Report  (05/26/1972)  3. Deste Incorporate of Report Date of Lest Report  (05/26/	Principal Place of Business Mailing Address  401 FACT WAINIT										
SIGNAPPER FL 94759   SISSIMPER FL 94759   SISSIMP											
2. Principal Pace of Business				tal and the state of the state							
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, A	US		Uŝ	<b>S</b>					ied 3a.		
Sules, Aprl. #, etc.    Sules, Aprl. #, etc.	2. Principal Pl	ace of Business	2a.	Mailing Address					<u> </u>	Ap	plied For
Statistic	21			<u> </u>				59-1514293		No	t Applicable
City & State   27	Suite, Apt	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	K		
20   20   20   20   20   20   20   20	22		27	City B Ct-t-							<del></del>
Zip Country Zip So Country 2 3 30 This corporation has fiability for inlangible lax uncler s. 199 022, Provide Statutes	<b>一</b> ・	9	<u> </u>	City & State			ŀ	· •			
BROWN, ROCKELL 1401 EAST WALNUT KISSIMMEE FL 34759  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation between the purpose of changing its registered officer or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of floridas, Such change was authorized by the corporation's board of floridas, Such change was authorized by the corporation's board of floridas. Such change was authorized by the corporation's board of floridas. Thereby accept the appointment as registered officer in the purpose of changing its registered officer i		Country	28	Zin	Count	nv.		·····		<del></del>	····
BROWN, ROCKELL 1401 EAST WALNUT KISSIMMEE FL 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 originations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent are of registered agent are registered.  25 OFFICERS AND DIRECTORS 11.2  26 DELETE 13 TIME  27 DELETE 21 TIME  28 DELETE 21 TIME  28 DELETE 31 TIME  38 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 AWAGE  401 EAST WALNUT  13 STRET ADDRESS  401 WALNUT STREET  KISSIMMEE FL  30 OFFICERS AND DIRECTORS IN 12  41 TIME  41 TIME  42 DOVERPLUM CENTER  43 OFFICERS AND DIRECTORS IN 12  44 TIME  45 TIME  45 TIME  46 City  47 TIME  47 TIME  47 TIME  47 TIME  48 TIME  48 TIME  49 TIME  40 WALNUT STREET  41 TIME  41 TIME  42 TIME  43 TIME  44 TIME  45 TIME  45 TIME  45 TIME  45 TIME  46 TIME  47 TIME  47 TIME  47 TIME  48 TIME  49 TIME  40 TIME  40 WALNUT STREET  41 TIME  41 TIME  42 TIME  43 TIME  44 TIME  45 TIME  45 TIME  45 TIME  46 TIME  47			20	rib	_	•	[	-			199.032,
BROWN, ROCKELL 1401 EAST WALNUT KISSIMMEE FL 34769  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statules, the above-amend corporation submits this statement for the purpose of changing its registered cilice or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered cilice or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered cilice or registered agent are to registered agent and the regis	241			tered Agent	1301						***************************************
BROWN, ROCKELL 1401 EAST WALNUT KISSIMMEE FL 34759  11. Pursuant to the provisions of Sections \$17,0502 and \$					8		10			<b></b>	
14.01 EAST WALNUT KISSIMMEE FL 34759  15. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submite this statement for the purpose of changing its registered agent. I am familiar with, and escept the obligations of, Section 617.0503, Priorida Statutes, the above-named corporations submite this statement for the purpose of changing its registered agent. I am familiar with, and escept the obligations of, Section 617.0503, Priorida Statutes, Institute of statutes, St	RR∩WN	ROCKELL			<u>-</u>				-21-61-3	<del></del>	
NISSIMMEE FL 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 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 armited with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent armited with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered segment agent				82 Street Add 401			at Addres <b>401 W</b>	S (P.O. BOX NUMBER IS NOT ACCU <b>ATAITY STREET</b>	ptable)		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submite this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation submite this statement for the purpose of changing its registered agent. I am familiar with, and ecospit the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    OFFICERS AND DIRECTORS   13.		-			8					<del></del>	· · · · · · · · · · · · · · · · · · ·
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose or changing the registered agent of 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 and married with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  SIGNAT	(11001)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_	4 0				Ta-1	n - 4-
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 agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE    12.					l°	• City	KISS	TMMER	F	L 85 347	59
Agoni I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	11. Pursuant t	to the provisions of Sections 617.05	02 and 6	17.1508, Florida Statut	les, the abo	ve-name	ed corpor	ation submits this statement for	the purpose	of changing it	s registered
SIGNATURE    To	office or re agent. Lar	egistered agent, or both, in the Stat m familiar with, and accept the oblid	e of Florid Dations of	da. Such change was a f. Section 617.0503. Fl	authorized I orida Statut	by the co es.	orporation	i's board of directors. I hereby a	iccept the a	opointment as	registered
Signature, Uspect or printed rame of registered agent and 18th of applications. (NOTE Registered Agent signature regulated when reinstating)   DATE	v		<b>,</b>								
DELETE   1.1 TITLE     Change   Addition		Signature, typed or printed name of registered as	ent and title	if applicable. (NOT	E: Registered A	gent signatu	ure required	when reinstating)	DATE		
NAME SIREET ADDRESS CITY-ST-2P  NAME CITY-ST-2P  NAME CITY-ST-2P  NAME CLEMANN, J. R  SIREET ADDRESS CITY-ST-2P  NAME COUGHENOUR, JEANETTE R  SIREET ADDRESS CITY-ST-2P  NAME SIREET ADDRESS CITY-ST-2P  NAME COUGHENOUR, JEANETTE R  SIREET ADDRESS CITY-ST-2P  NAME SIREET ADDRESS CITY-ST-2P  NAME SIREET ADDRESS CITY-ST-2P  NICHOLES, BUGIENE Addition  NICHOLS, BUGIENE ADDRESS CITY-ST-2P  NAME SIREET ADDRESS CITY-ST-2P  NAME SIREET ADDRESS CITY-ST-2P  Addition  NICHOLS, BUGIENE ADDRESS CITY-ST-2P  Addition  Change Addition  Addition  Change Addition  Addition  Addition  Change Addition  Addition  Addition  Change Addition  Addition  ADDRESS CITY-ST-2P  Addition  ADDRESS CITY-ST-2P  ADDRESS CITY-ST-2P  Addition  Change Addition  Addition  ADDRESS CITY-ST-2P	12.		ND DIREC		13.			ADDITIONS/CHANGES TO C	FFICERS A		
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CITY-ST-ZIP   KISSIMMEE FL	NAME				1.2 NAM	E					,
TITLE  VD  VD  VD  VD  VD  VD  VD  VD  VD  V	STREET ADDRESS				1.3 STRE	ET ADDRESS	s				
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A3 STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL  4.4 CITY-ST-ZIP KISSIMMER, FL 34759  CITY-ST-ZIP  CHANGE  5.1 TITLE  DELETE  5.1 TITLE  Change Addition  5.2 NAME  5.3 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change Addition  6.2 NAME  STREET ADDRESS CITY-ST-ZIP  1.4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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	* *			NON DELETE				CONT C TATALAND		OFT CHRUNG	FT MORROU
CITY-ST-ZIP KISSIMMEE FL  4.4 CITY-ST-ZIP KISSIMMER, FL 34759  TITLE  DELETE  5.1 TITLE  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  5.4 CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change  Addition  AME  STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  4.1 To hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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											
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NAME  STREET ADDRESS  CITY-ST-ZIP  S4 CITY-ST-ZIP  S5.2 NAME  STREET ADDRESS  S5.2 NAME  STREET ADDRESS  S6.1 TITLE  C1 TITLE  C1 TITLE  C2 NAME  STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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		NISSIMMEE FL		T DELETE			1 1/1	SOUTHER, FL 3	*133	Channe	Addition
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CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  C.2 NAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 path; that							<u>.</u>				
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NAME  STREET ADDRESS  CITY - ST - ZIP  14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 path; that				DELETE		<del></del>				Channe	
STREET ADDRESS  CITY - ST - ZIP  6.4 CITY - ST - ZIP  14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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				occure						- Simile	(۱۰۰۱۱۰۰۲)
CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 path; that							.				
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 path; that							~				
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		ov certify that the information suppli	ed with th	nis filino does not queli			n stated in	Section 119.07(3)(i). Florida St	atutes I furti	her certify that	the
	informatio	in indicated on this annual report or	supplem	ental annual report is t	true and ac	curate ar	ind that m	v signature shall have the same	legal effect	as it made une	der oath: that

SIGNATURE:

DESIGN OF USAGE QUIRED

appears in Block 12 or Block 13 if changed, or on an attachment with an address

Mary E. Emerson

(941) 427-0900

**FILED** 

May 19 1997 8:00am

Secretary of State

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