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**May 19 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 723528 (6)

1. Corporation Name
ASSOCIATION OF POINCIANA VILLAGES, INC.



Principal Place of Business Mailing Address
**401 EAST WALNUT
KISSIMMEE FL 34759
US** **401 EAST WALNUT
KISSIMMEE FL 34759
US**

3. Date Incorporated or Qualified **05/26/1972** 3a. Date of Last Report **04/22/1996**

2. Principal Place of Business 2a. Mailing Address

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

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

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, ROCKELL
1401 EAST WALNUT
KISSIMMEE FL 34759**

81 Name **BROWN, ROCKELL, Y.**
82 Street Address (P.O. Box Number is Not Acceptable)
401 WALNUT STREET
83
84 City **KISSIMMEE** 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 DELETE
NAME **PD EMERSON, MARY E**
STREET ADDRESS **401 EAST WALNUT**
CITY-ST-ZIP **KISSIMMEE FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **VD CLEMANN, J. R**
STREET ADDRESS **401 EAST WALNUT**
CITY-ST-ZIP **KISSIMMEE FL**

2.1 TITLE Change Addition
2.2 NAME **VD GORDON, ROY B.**
2.3 STREET ADDRESS **401 WALNUT STREET**
2.4 CITY-ST-ZIP **KISSIMMEE, FL 34759**

TITLE DELETE
NAME **STD COUGHENOUR, JEANETTE R**
STREET ADDRESS **24 DOVERPLUM CENTER**
CITY-ST-ZIP **KISSIMMEE FL**

3.1 TITLE Change Addition
3.2 NAME **STD WOODS, ROBERT E.**
3.3 STREET ADDRESS **401 WALNUT STREET**
3.4 CITY-ST-ZIP **KISSIMMEE, FL 34759**

TITLE DELETE
NAME **D GROH, FRANK J**
STREET ADDRESS **401 E WALNUT**
CITY-ST-ZIP **KISSIMMEE FL**

4.1 TITLE Change Addition
4.2 NAME **D NICHOLS, EUGENE**
4.3 STREET ADDRESS **401 WALNUT STREET**
4.4 CITY-ST-ZIP **KISSIMMEE, FL 34759**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 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** (941) 427-0900

CR2E037 (9/96)