4. 1-98 B.4052 MC FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

(6)

ASSOCIATION OF POINCIANA	A VILLAGES, INC.		
Principal Place of Business	Mailing Address		r reacus soera ninge singt direk iten greut greut greut direk direk bibli bibli greut
401 EAST WALNUT KISSIMMEE FL 34759 US	401 EAST WALNUT Kissimmee Fl 34759 US		3. Date Incorporated or Qualified 05/26/1972 4. FEI Number Applied For 59-1514293 Not Applicable
2. Principal Place of Business	2a. Malling Address		
21	26		5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22	27		Trust Fund Contribution Added to Fees
City & State	City & State		7. Is this nonprofit corporation a homeowners association? The second s
Zip Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24 25	293	0	Personal Property Tax due June 30. 🔀 Yes 🔲 No
9. Name and Address of C	surrent Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
. PROUBLE BOOKELLY		oi Ivanie	
BROWN, ROCKELL Y		82 Street Addre	ess (P.O. Box Number is Not Acceptable)
401 WALNUT ST KISSIMMEE FL 34759			
TWOODMILE I E OTTOO			
		84 City	FL 85 Zip Code
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms regulated when reinstating) DATE			
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	Z DELETE	1.1 TITLE PD	
NAME EMERSON, MARY E		12 NAME R	OUSCH, ROBERT W.
STREET ADDRESS 401 EAST WALNUT		1.3 STREET ADDRESS 4	O4 WALNUT STREET
CITY-ST-ZIP KISSIMMEE FL		1.4 CITY-ST-ZIP K	ISSIMMER, FL 34759
ALTE AD	₹] DELETE	2.1 TITLE VD	
NAME GORDON, ROY B		22 NAME R	ANSBOTTOM, RICHARD O
STREET ADDRESS 401 EAST WALNUT		2.3 STREET ADDRESS 4	01 WALNUT STREET
CITY-ST-ZIP KISSIMMEE FL			ISSIMMEE, FL 34759
TITLE STD	DELETE	3.1 TITLE ST	_
NAME WOODS, ROBERT E		3.2 NAME P	ASHTRY. JEPPREY C. 00 TOWNE CENTER DRIVE
STREET ADDRESS 401 WALNUT ST			OU TOWNE CENTER DRIVE
CITY-ST-ZIP KISSIMMEE FL.	X DELETE		ISSIMMEE, FL 34759
NAME NICKOLS, EUGENE	(W) DETEIR	4.1 TITLE D	
STREET ADDRESS 401 E WALNUT			ROH, FRANK J.
CITY-ST-ZIP KISSIMMEE FL		4.3 STREET ADDRESS 4.4	01 WALNUT STREET

14. I 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 examplemental 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 certificity of the receiver or tracted empowed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or Changed of on an attachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3/16/98(941) 427-0900 Rousch, Robert W.

DELETE

☐ DELETE

Change

☐ Change

Addition

Addition

FILED

Apr 01 1998 8:00am

Secretary of State