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

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 723528**

## FILED May 19, 1999 8:00 am § Secretary of State

05-19-1999 90001 025 \*\*\*630.00

Corporation							
ASSOCIATION OF POINCIANA VILLAGES, INC.					562158 - 90001 - 121		
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Principal Place	of Business	Mailing Address					
401 EAST WALNUT 401 EAST WALNUT					1 160 kis 1 <b>180 is 1180 is 1180 is 1180 is 1180 is 1180</b>	1 <b>0</b> 11	
KISSIMMEE FL 34759 KISSIMMEE FL 34759							
US		US				1811 E1811 B1811 B1811 E1	Bir dian isa
2. Principal Place of Business 2a. Mailing Address 401 WALNUT STREET 26 401 WALNUT				mp p p m	<ol> <li>Date Incorporated or Qualifed 05/26/1972</li> </ol>		
				IKEEI	4. FEI Number	Apr	plied For
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					59-1514293		t Applicable
City & State	)	City & State			5. Certificate of Status Desired	\$8.75 A	-
23		28				Fee Rec	<del></del>
Zip	Country	Zip 29	Cour	πry	6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to	
24	9. Name and Address of Curren		1301		10. Name and Address of New Regist		
	THE MILE AND ADDRESS OF THE PERSON			81 Name			
BROWN, ROCKELL Y				82 Street Ac	idress (P.O. Box Number is Not Acceptable)		
401 WALNUT ST				83			
KISSIMMEE FL 34759			<i>'</i>	63			
				84 City		FL 85 Zip C	code
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	es, the at	ove-named co	orporation submits this statement for the purpo ation's board of directors. I hereby accept the	se of changing its	registered
office or re agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a tions of, Section 617.0503, Flo	uthorized irida Statu	by the corpora tes.	ation's board of directors. I nereby accept the	appointment as reg	Jistereu
SIGNATURE					uired when reinstation) DA	TC	
12.	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE	: Registered	Agent signature requ	uired when reinstating) DA ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	LE		Change	Addition
NAME	ROUSCH, ROBERT W		1.2 NA	ME			
STREET ADDRESS	401 WALNUT STREET		1.3 ST	REET ADDRESS			1
CITY-ST-ZIP			1.4 CR	Y-ST-ZIP			
TITLE	VD	☐ DELETE 2.1 TI		LE		☐ Change	Addition
NAME	RANBOTTOM, RICHARD O		2.2 NA	ME			
STREET ADDRESS	401 WALNUT STREET		2.3 ST	REET ADORESS			
CITY-ST-ZIP	KISSIMMEE FL 34759		_	TY-ST-ZIP			☐ Addition
TITLE	_		3.1 TFI	1		Change	☐ Addition
NAME	PASHLEY, JEFFREY C		3.2 NA	i i			
STREET ADDRESS	900 TOWNE CENTER DRIVE		3.3 ST	REET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34759	C perese		TY-ST-ZIP		☐ Change	Addition
TITLE	_		4.1 Ⅲ			□ Ottalige	C) Addition
NAME	Circuit, Fred at Core		4. 2 N				
STREET ADDRESS	TO L TIME TO			REET ADDRESS			
CITY-ST-ZIP			_	Y-ST-ZIP		☐ Change	☐ Addition
TITLE		□ vereis	5.1 TIT 5.2 NA	1		90	
NAME				REET ADDRESS			
STREET ADDRESS				Y-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	6.1 111			Change	☐ Addition
TITLE		_ v	6.2 NA	1			
NAME STREET ADORESS				REET ADDRESS			. · . · · {
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP		-	.
OH FOR AF							

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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arn 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 it changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** 

bert W.) Rousch