




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90085 001 ***630.00

DOCUMENT # 723528					
1. Entity Name ASSOCIATION OF POINCIANA VILLAGES, INC.					
Principal Place of Business 401 WALNUT ST KISSIMMEE, FL 34759 US		Mailing Address 401 WALNUT ST KISSIMMEE, FL 34759 US		 03172005 Chg-NP CR2E037 (10/03)	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1514293	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
BROWN, ROCKELL Y 401 WALNUT ST KISSIMMEE, FL 34759				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERSON, MARY E		NAME		
STREET ADDRESS	401 WALNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34759		CITY-ST-ZIP		
TITLE	ASTD	<input type="checkbox"/> Delete	TITLE	ASID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IORIO, ANTHONY S JR		NAME	IORIO, ANTHONY S. JR	
STREET ADDRESS	401 WALNUT STREET		STREET ADDRESS	401 WALNUT STREET	
CITY-ST-ZIP	KISSIMMEE, FL 34759		CITY-ST-ZIP	KISSIMMEE, FL 34759	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASHLEY, JEFFREY C		NAME	PASHLEY, JEFFREY C.	
STREET ADDRESS	400 PLEASANT HILL RD		STREET ADDRESS	401 WALNUT STREET	
CITY-ST-ZIP	KISSIMMEE, FL 34759		CITY-ST-ZIP	KISSIMMEE, FL 34759	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIMAN, DENNIS J		NAME	GETMAN, DENNIS J.	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12TH FLOOR		STREET ADDRESS	201 ALHAMBRA CIRCLE, 12th FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		JEFFREY C. PASHLEY		Date (321)442-1177	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Office Phone</small>	