




**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90121 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		<p>66006216</p>  <p>03282008 Chg-NP CR2E037 (12/06)</p>	
2. Principal Place of Business - No P.O. Box #		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	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROWN, ROCKELL Y 401 WALNUT ST KISSIMMEE, FL 34759			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees <input type="checkbox"/> 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 checked="" type="checkbox"/> Delete	TITLE	ASTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IORIO, ANTHONY S JR		NAME	CELIO, JEANETTE	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASHLEY, JEFFREY C		NAME		
STREET ADDRESS	401 WALNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34759		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETMAN, DENNIS J.		NAME	CROCAMO, REMIGIA	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12TH FLOOR		STREET ADDRESS	401 WALNUT STREET	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	KISSIMMEE, FL 34759	
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 exemptions contained in Chapter 119, 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		4/2/08 (321) 442-1177	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	