

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 APR 12 AM 11:15

CORPORATION ANNUAL REPORT 1995



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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
600001453206  
-04/13/95--01008--014  
\*\*\*1248.75 \*\*\*138.75  
DO NOT WRITE IN THIS SPACE

DOCUMENT # **723529** (4)  
1. Corporation Name  
**PONCIANA VILLAGE EIGHT ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
11 DOVERPLUM CENTER KISSIMMEE FL 34759-0499  
11 DOVERPLUM CENTER KISSIMMEE FL 34759-0499

3. Date Incorporated or Qualified **05/26/1972** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1511603** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**BROWN, ROCKELL  
11 DOVERPLUM CENTER  
KISSIMMEE FL 34759-0499**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD PASHLEY, JEFFREY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	24 DOVERPLUM CENTER	1.2 NAME	
STREET ADDRESS	KISSIMMEE FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD RUSSELL, JOHN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	24 DOVERPLUM CENTER	2.2 NAME	
STREET ADDRESS	KISSIMMEE FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	STD SETTLES, G. PATRICK	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 ALHAMBRA CIRCLE	3.2 NAME	
STREET ADDRESS	CORAL GABLES FL	3.3 STREET ADDRESS	STD SETTLES, G. PATRICK
CITY - ST - ZIP		3.4 CITY - ST - ZIP	255 ALHAMBRA CIRCLE
TITLE	D COUGHENOUR, JEANETTE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	24 DOVERPLUM CENTER	4.2 NAME	
STREET ADDRESS	KISSIMMEE FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D GETMAN, DENNIS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 ALHAMBRA CIRCLE -	5.2 NAME	
STREET ADDRESS	CORAL GABLES FL	5.3 STREET ADDRESS	D GETMAN, DENNIS
CITY - ST - ZIP		5.4 CITY - ST - ZIP	255 ALHAMBRA CIRCLE
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, as indicated, or on an attachment with an address.

SIGNATURE:  JEFFREY PASHLEY 2/17/95 (407) 933-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR