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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Apr 22 1996 8:00 am
Secretary of State

DOCUMENT # **723529** (4)

1. Corporation Name

POINCIANA VILLAGE EIGHT ASSOCIATION, INC.

Principal Place of Business

**11 DOVERPLUM CENTER
KISSIMMEE FL 34759-0499**

Mailing Address

**11 DOVERPLUM CENTER
KISSIMMEE FL 34759-0499**



3. Date Incorporated or Qualified

05/26/1972

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 401 E. WALNUT

26 401 E. WALNUT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 KISSIMMEE, FL

28 KISSIMMEE, FL

Zip **34759**

Country **POLK**

Zip **34759**

Country **POLK**

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, ROCKELL
11 DOVERPLUM CENTER
KISSIMMEE FL 34759-0499**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

401 E. WALNUT

83.

84. City **KISSIMMEE**

FL

85. Zip Code

34759

11. 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☒ DELETE
NAME **PASHLEY, JEFFREY**
STREET ADDRESS **24 DOVERPLUM CENTER**
CITY-ST-ZIP **KISSIMMEE FL**

1.1 TITLE **PTD** ☐ Change ☒ Addition
1.2 NAME **DENNIS J. GETMAN**
1.3 STREET ADDRESS **255 ALHAMBRA CIRCLE**
1.4 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **VD** ☐ DELETE
NAME **RUSSELL, JOHN**
STREET ADDRESS **24 DOVERPLUM CENTER**
CITY-ST-ZIP **KISSIMMEE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **SETTLES, G. PATRICK**
STREET ADDRESS **255 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **COUGHENOUR, JEANETTE**
STREET ADDRESS **24 DOVERPLUM CENTER**
CITY-ST-ZIP **KISSIMMEE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **GETMAN, DENNIS**
STREET ADDRESS **255 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **ANTHONY S. IORIO**
5.3 STREET ADDRESS **24 DOVERPLUM CENTER**
5.4 CITY-ST-ZIP **KISSIMMEE, FL 34759**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeanette R. Coughenour

3-28-96

(407) 933-5000

CR2E037 (12/95)