

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 723529 (4)

1. Corporation Name
POINCIANA VILLAGE EIGHT ASSOCIATION, INC.



Principal Place of Business
401 EAST WALNUT
KISSIMMEE FL 34759-0499
US

Mailing Address
401 EAST WALNUT
KISSIMMEE FL 34759
US

3. Date Incorporated or Qualified 05/26/1972
3a. Date of Last Report 04/22/1996

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BROWN, ROCKELL
401 EAST WALNUT
KISSIMMEE FL 34759-0499

10. Name and Address of New Registered Agent
61 Name BROWN, ROCKELL, Y.
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	GETMAN, DENNIS J	
STREET ADDRESS	255 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, JOHN	
STREET ADDRESS	24 DOVERPLUM CENTER	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SETTLES, G. PATRICK	
STREET ADDRESS	255 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COUGHENOUR, JEANETTE	
STREET ADDRESS	24 DOVERPLUM CENTER	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	IORIO, ANTHONY S	
STREET ADDRESS	24 DOVERPLUM CENTER	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	IORIO, ANTHONY S. JR.	
2.3 STREET ADDRESS	24 DOVERPLUM CENTER	
2.4 CITY-ST-ZIP	KISSIMMEE, FL 34759	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOSEPHSON, PHILIP	
4.3 STREET ADDRESS	255 ALHAMBRA CIRCLE,	
4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WATSON, ROY E.	
5.3 STREET ADDRESS	24 DOVERPLUM CENTER	
5.4 CITY-ST-ZIP	KISSIMMEE, FL 34759	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: _____ Anthony S. Iorio (407) 933-5000
3/26/97

CR2E037 (9/96)