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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723529**  
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 34759-0499 US
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21. Principal Place of Business <b>401 WALNUT STREET</b>	2a. Mailing Address <b>401 WALNUT STREET</b>	3. Date Incorporated or Qualified <b>05/26/1972</b>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1511603</b>
23. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Recurred</b>
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	29. Country	
30. Zip		

9. Name and Address of Current Registered Agent <b>BROWN, ROCKELL Y 401 EAST WALNUT KISSIMMEE FL 34759-0499</b>	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. City
	85. 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 except 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 not used when re-stating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD GETMAN, DENNIS J 255 ALHAMBRA CIRCLE CORAL GABLES FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PTD GETMAN, DENNIS J. 201 ALHAMBRA CIRCLE, 12 Floor CORAL GABLES, FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD IORIO, ANTHONY S JR. 900 TOWNE CENTER DRIVE KISSIMMEE FL 34759</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD SETTLES, G. PATRICK 255 ALHAMBRA CIRCLE CORAL GABLES FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>STD SETTLES, G. PATRICK 201 ALHAMBRA CIRCLE, 12 Floor CORAL GABLES, FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOSEPHSON, PHILIP 255 ALHAMBRA CIR CORAL GABLES FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>D JOSEPHSON, PHILIP 201 ALHAMBRA CIRCLE, 12 Floor CORAL GABLES, FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PREVATT, SONNIE R 900 TOWNE CENTER DRIVE KISSIMMEE FL 34759</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 change, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY S. IORIO, JR. (407) 933-5000  
3-11-99

007376

CR2E037 (1/98)

*(Handwritten mark)*