

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90346 001 ***630.00

DOCUMENT # 723529
 1. Entity Name
POINCIANA VILLAGE EIGHT ASSOCIATION, INC.



Principal Place of Business Mailing Address
 401 WALNUT STREET 401 WALNUT STREET
 KISSIMMEE, FL 34759-0499 US KISSIMMEE, FL 34759-0499 US

66409716



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02122004 Chg-NP CR2E037 (10/03)

City & State City & State
 Zip Country Zip Country

4. FEI Number 59-1511603 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GETMAN, DENNIS J	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12 FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROBINSON, FRANK JR	
STREET ADDRESS	401 WALNUT STREET	
CITY-ST-ZIP	KISSIMMEE, FL 34759	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASHLEY, JEFFREY C	
STREET ADDRESS	4100 PLEASANT HILL RD	
CITY-ST-ZIP	KISSIMMEE, FL 34759	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TURK, HAROLD J	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12 FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	PREVATT, SONNIE R	
STREET ADDRESS	900 TOWNE CENTER DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL 34759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 *Jeffrey C. Pashley* (407) 933-5308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #