2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED Apr 11, 2006 8:00 am Secretary of State

DOCUMENT # 723529 1. Entity Name POINCIANA VILLAGE EIGHT ASSOCIATION, INC.				()-	4-11-2006 902	2 268 001 ***630	0.00	
Principal Place of Business 401 WALNUT STREET KISSIMMEE, FL 34759-0499 US		Mailing Address 401 WALNUT STREET KISSIMMEE, FL 34759-0499 US		66009612				
2 Principal Pl	ace of Business	3. Mailing Address						
					KATOR I MANTINI ERITA MINITE	BIBIL 29971 BIBIL BIBIL BIBI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302006 Ch	g-NP C	R2E037 (11/05)		
City & State		City & State		4. FEI Number 59-151160	3		plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired [\$8.75 Add		
	6. Name and Address of Current R	egistered Agent		7. Name and Add	ress of New Regis	tered Agent		
BROWN, ROCKELL Y			Name	Name				
401 EAST WALNUT KISSIMMEE, FL 34759-0499			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
l			City			FL Zip Code	9	
	named entity submits this statement for ons of registered agent.	the purpose of changing its	registered office or regis	stered agent, or both, in	the State of Florida	. I am familiar with,	and accept	
SIGNATURE .							1	
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signature requ	uired when reinstating)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2006		paign Financing	\$5.00 May Be Added to Fees		check payable to Department of St		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE	9. Election Cam Trust Fund C	paign Financing	\$5.00 May Be	Florida	check payable to Department of St	ate	
TITLE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE	9. Election Cam Trust Fund C	paign Financing ontribution.	\$5.00 May Be Added to Fees	Florida	check payable to Department of St	ate	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE PTD GETMAN, DENNIS J 201 ALHAMBRA CIRCLE, 12 FLO CORAL GABLES, FL 33134 VPD	9. Election Cam Trust Fund C ECTORS	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Florida	check payable to Department of St	10	
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of 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 an address, with all other like/empowered.

SIGNATURE: 4

JEFFREY C. PASHLEY

AME OF SIGNING OFFICER OR DIRECTOR

4/7/06

(321) 442-1177

Dayfufie Phorte #





Association of Poinciana Villages, Inc.

Administration Offices 401 Walnut Street Poinciana Kissimmee, Florida 34759-4329 (863) 427-0900 (863) 427-0500 Fax 723529

April 7, 2006

Division of Corporations Annual Report Filings Post Office Box 1500 Tallahassee, FL 32302-1500

RE: Annual Reports- Association of Poinciana Villages, Inc., and

Poinciana Villages One thru Eight Associations, Inc.

Gentlemen:

I enclose for filing our nine (9) documents which represents each corporation in our jurisdiction of Poinciana, Florida. I also enclose also, our company check in the amount of \$630.00 to cover the costs of filing the 2006 Annual Reports with the State of Florida.

Please forward the Pre-paid Certificate of Status to me at the address listed upon the reports in Column Block 6.

Thank you for your kind attention to this matter.

Very truly yours,

Rockell Y. Brown Registered Agent

Association of Poinciana Villages, Inc.

Enc: Check # 050086

Annual Reports (9)