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AND
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*CORPORATION
ANNUAL REPORT
1995



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE
***1248.75 ***138.75

DOCUMENT # 723532 (8)

1. Corporation Name
POINCIANA VILLAGE FIVE ASSOCIATION, INC.

Principal Place of Business Mailing Address

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

3. Date Incorporated or Qualified 3a. Date of Last Report
05/26/1972 **05/01/1994**

4. FEI Number Applied For
23-8352006 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

5. Certificate of Status Desired \$6.75 Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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
11 DOVERPLUM CENTER
KISSIMMEE FL 32758-9606**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	COUGHENOUR, JEANETTE
STREET ADDRESS	24 DOVERPLUM CENTER
CITY - ST - ZIP	KISSIMMEE FL
TITLE	VD
NAME	WATSON, ROY
STREET ADDRESS	24 DOVERPLUM CENTER
CITY - ST - ZIP	KISSIMMEE FL
TITLE	STD
NAME	SETTLES, G. PATRICK
STREET ADDRESS	255 ALHAMBRA CIRCLE
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	PASHLEY, JEFFREY C
STREET ADDRESS	24 DOVERPLUM CENTER
CITY - ST - ZIP	KISSIMMEE FL
TITLE	D
NAME	MONSANTO/EMM/
STREET ADDRESS	11 DOVERPLUM CENTER/
CITY - ST - ZIP	KISSIMMEE/FL/
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	D
53 STREET ADDRESS	GETMAN, DENNIS
54 CITY - ST - ZIP	255 ALHAMBRA CIRCLE
	CORAL GABLES, FL 33134
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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: *Jeanette B. Coughenour* **JEANETTE COUGHENOUR** 2/17/95 (407) 933-5000

SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR (Date) (Typed Therein)