

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 22 1996 8:00 am
Secretary of State

DOCUMENT # 723532 (8)

1. Corporation Name
POINCIANA VILLAGE FIVE ASSOCIATION, INC.



Principal Place of Business: **11 DOVERPLUM CENTER KISSIMEE FL 34759-0499**
Mailing Address: **11 DOVERPLUM CENTER KISSIMEE FL 34759-0499**

3. Date Incorporated or Qualified: **05/26/1972**
3a. Date of Last Report: **04/12/1995**

| | | | | | | | | | | |
|----|--|----|---|----|---|---|------------------------|----|--|---|
| 21 | 2. Principal Place of Business 401 E. WALNUT | 26 | 2a. Mailing Address 401 E. WALNUT | 4. | FET Number 23-8352006 | Applied For | | | | |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | |
| 23 | City & State KISSIMEE, FL | 28 | City & State KISSIMEE, FL | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | |
| 24 | Zip 34759 | 25 | Country POLK | 29 | Zip 34759 | 30 | Country POLK | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | | | |
|--|--|--|--|--|--|-----------------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BROWN, ROCKELL 11 DOVERPLUM CENTER KISSIMEE FL 32758-9606 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 401 E. WALNUT | | | |
| | | | | 84 | City | KISSIMEE | 85 |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92 | |
|----------------------------|------------------------------|--|--|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COUGHENOUR, JEANETTE | 1.2 NAME | |
| STREET ADDRESS | 24 DOVERPLUM CENTER | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMEE FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WATSON, ROY | 2.2 NAME | |
| STREET ADDRESS | 24 DOVERPLUM CENTER | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMEE FL | 2.4 CITY-ST-ZIP | |
| TITLE | STD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SETTLES, G. PATRICK | 3.2 NAME | |
| STREET ADDRESS | 255 ALHAMBRA CRICLE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PASHLEY, JEFFREY C | 4.2 NAME | TODD ANTHONY BASS |
| STREET ADDRESS | 24 DOVERPLUM CENTER | 4.3 STREET ADDRESS | 401 E. WALNUT |
| CITY-ST-ZIP | KISSIMEE FL | 4.4 CITY-ST-ZIP | KISSIMEE, FL 34759 |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GETMAN, DENNIS | 5.2 NAME | |
| STREET ADDRESS | 255 ALHAMBRA CIRCLE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 119.07(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 R. Coughenour 3-28-96 (407) 933-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)