

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723532 (8)**

1. Corporation Name  
**POINCIANA VILLAGE FIVE ASSOCIATION, INC.**



Principal Place of Business <b>401 EAST WALNUT KISSIMMEE FL 34759-0499 US</b>	Mailing Address <b>401 EAST WALNUT KISSIMMEE FL 34759 US</b>
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3. Date Incorporated or Qualified <b>05/26/1972</b>	3a. Date of Last Report <b>04/22/1996</b>
4. FEI Number <b>23-8352006</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

9. Name and Address of Current Registered Agent

**BROWN, ROCKELL  
401 EAST WALNUT  
KISSIMMEE FL 34759**

10. Name and Address of New Registered Agent

81 Name  
**BROWN, ROCKELL, Y.**

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

83

84 City  
**FL**

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 accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COUGHENOUR, JEANETTE</b>	1.2 NAME	<b>PHILIP JOSEPHSON</b>
STREET ADDRESS	<b>24 DOVERPLUM CENTER</b>	1.3 STREET ADDRESS	<b>255 ALHAMBRA CIRCLE</b>
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	1.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATSON, ROY</b>	2.2 NAME	<b>ANTHONY S. IORIO</b>
STREET ADDRESS	<b>24 DOVERPLUM CENTER</b>	2.3 STREET ADDRESS	<b>24 DOVERPLUM CENTER</b>
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	2.4 CITY-ST-ZIP	<b>KISSIMMEE, FL 34759</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SETTLES, G. PATRICK</b>	3.2 NAME	
STREET ADDRESS	<b>255 ALHAMBRA CRICLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASS, TODD A</b>	4.2 NAME	
STREET ADDRESS	<b>401 E WALNUT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GETMAN, DENNIS</b>	5.2 NAME	
STREET ADDRESS	<b>255 ALHAMBRA CIRCLE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *Anthony S. Iorio* **Anthony S. Iorio** **4-15-97** **(407) 933-5000**

CR2E037 (9/96)