

FILE NOW: FILING FEE IS \$61.25

RECEIVED
AND
FILED
MAY 19 11 2:14

003372

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 723532
 1. Corporation Name
POINCIANA VILLAGE FIVE ASSOCIATION, INC.

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



2. Principal Place of Business 21 401 WALNUT STREET Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 401 WALNUT STREET Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 05/26/1972	4. FEI Number 23-8352006 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	--	--	--	--

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

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 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD JOSEPHSON, PHILIP 255 ALHAMBRA CIR. CORAL GABLES FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP	PD JOSEPHSON, PHILIP 201 ALHAMBRA CIRCLE, 12 Floor CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD IORIO, ANTHONY S 24 DOVERPLUM CENTER KISSIMMEE FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP	VD IORIO, ANTHONY S., JR. 900 TOWNE CENTER DRIVE KISSIMMEE, FL 34759
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STRD PASHLEY, JEFFREY C 900 TOWNE CENTER DRIVE KISSIMMEE FL 34759	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BASS, TODD A 401 E WALNUT KISSIMMEE FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP	D PREVATT, SONNIE R. 900 TOWNE CENTER DRIVE KISSIMMEE, FL 34759
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GETMAN, DENNIS 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP	D GETMAN, DENNIS J. 201 ALHAMBRA CIRCLE, 12 Floor CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE SECURED Anthony S. Iorio, Jr. (407) 933-5000
 3-11-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)