

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91076 001 \*\*\*630.00

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**DOCUMENT # 723532**

1. Entity Name

**POINCIANA VILLAGE FIVE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**401 WALNUT STREET  
 KISSIMMEE FL 34759-0499  
 US**

**401 WALNUT STREET  
 KISSIMMEE FL 34759-0499  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-8352006**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, ROCKELL Y  
 401 EAST WALUNT  
 KISSIMMEE FL 34759**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>PD IORIO, ANTHONY S JR</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>900 TOWNE CENTER DRIVE KISSIMMEE FL 34759</b>	
TITLE NAME	<b>VPD COUCH, DAVID E</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>401 WALNUT STREET KISSIMMEE FL 34759</b>	
TITLE NAME	<b>STRD PASHLEY, JEFFREY C</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>4100 PLEASANT HILL RD KISSIMMEE FL 34759</b>	
TITLE NAME	<b>D FERNANDEZ, ARIEL</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>401 WALNUT STREET KISSIMMEE FL 34759</b>	
TITLE NAME	<b>D GETMAN, DENNIS J</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>201 ALHAMBRA CIRCLE, 12 FLOOR CORAL GABLES FL 33134</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. 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 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 or 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 with an address, with all other like empowered.

3/20/02

**SIGNATURE:**

*Couch, David E.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Couch, David E.

(863) 427-0900

Date Daytime Phone #

CR2E037 (9/01)