


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90268 001 ***630.00

DOCUMENT # 723532

1. Entity Name
POINCIANA VILLAGE FIVE ASSOCIATION, INC.



Principal Place of Business
**401 WALNUT STREET
 KISSIMMEE, FL 34759-0499 US**

Mailing Address
**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	
Zip	Country	Zip	Country



03302006 Chg-NP CR2E037 (11/05)

4. FEI Number 23-8352006	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PASHLEY, JEFFREY C 4100 PLEASANT HILL ROAD KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, JARIBEL 401 WALNUT STREET KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALVAREZ, JARIBEL 401 WALNUT STREET KISSIMMEE, FL 34759	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD IORIO JR., ANTHONY S. 401 WALNUT STREET KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STRD GETMAN, DENNIS J 201 ALHAMBRA CIRCLE, 12TH FLOOR CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PASHLEY, JEFFREY C. 401 WALNUT STREET KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IORIO, ANTHONY S JR. 900 TOWNE CENTER DRIVE KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GETMAN, DENNIS J 401 WALNUT STREET KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, ARIEL 401 WALNUT STREET KISSIMMEE, FL 34759	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:  **JEFFREY C. PASHLEY** **4/7/06** **(321) 442-1177**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #