2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State
09-08-2004 90123 050 ****61.25

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07272004 Chg-NP CR2E037 (10/03)

DOCUMENT # N03000009019

1. Entity Name
POINCIANA SCOUTING CORPORATION

Principal Place of Business
ASSOCIATION OF POINCIANA VILLAGES COMM CTR
401 WALNUT ST
POINCIANA, FL 34759

Mailing Address
ASSOCIATION OF POINCIANA VILLAGES COMM CTR
401 WALNUT ST
POINCIANA, FL 34759

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 61-1458438 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CONOVER, RICHARD
946 DERBYSHIRE DR
POINCIANA, FL 34758

7. Name and Address of New Registered Agent
Name Vargas, Jose M
Street Address (P.O. Box Number is Not Acceptable) 6614 North Delmonte CT
City Kissimmee FL Zip Code 34758

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 Jm Va — Jose M. Vargas 8/24/04
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 September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	☑ Delete
NAME	CONOVER, RICHARD	
STREET ADDRESS	946 DERBYSHIRE DR	
CITY-ST-ZIP	POINCIANA, FL 34758	
TITLE	S	☑ Delete
NAME	CONOVER, MAUREEN	
STREET ADDRESS	946 DERBYSHIRE DR	
CITY-ST-ZIP	POINCIANA, FL 34758	
TITLE	C	☑ Delete
NAME	BLIZZARD, LESLIE	
STREET ADDRESS	1308 DUNBARTON DR	
CITY-ST-ZIP	POINCIANA, FL 34758	
TITLE	VC	☐ Delete
NAME	GARRINGER, MAUREEN	
STREET ADDRESS	656 MADRID DR	
CITY-ST-ZIP	POINCIANA, FL 34758	
TITLE	T	☑ Delete
NAME	DIAZ, SANDY	
STREET ADDRESS	558 ELLISON PARKWAY	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	C	☑ Delete
NAME	RAMOS, STEVEN	
STREET ADDRESS	65 YORK CT	
CITY-ST-ZIP	POINCIANA, FL 34758	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	☑ Change ☑ Addition
NAME	Vargas, Jose M	
STREET ADDRESS	6614 N Delmonte CT	
CITY-ST-ZIP	Kissimmee FL 34758	
TITLE	T	☐ Change ☑ Addition
NAME	Middlebrook, Mary	
STREET ADDRESS	510 Slade CT	
CITY-ST-ZIP	Kissimmee FL 34758	
TITLE	C	☐ Change ☐ Addition
NAME	Weinhart, Bill	
STREET ADDRESS	208 Balboa CT	
CITY-ST-ZIP	Kissimmee FL 34758	
TITLE		☐ Change ☐ Addition
NAME	Moody, Alan	
STREET ADDRESS	6116 Estrada Lane	
CITY-ST-ZIP	Kissimmee FL 34758	
TITLE	C	☐ Change ☐ Addition
NAME	Noy, Jane	
STREET ADDRESS	5204 Heatherstone CT	
CITY-ST-ZIP	Kissimmee FL 34758	
TITLE		☐ Change ☐ Addition
NAME		
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.

SIGNATURE: Jm Va — Jose M. Vargas 8/24/04 407-301-6923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #