

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
JENNIFER B. MANNING  
COMMISSIONER  
1900 BANKERS BUILDING  
TALLAHASSEE, FLORIDA 32399-0001

APPROVED  
AND  
FILED

SEP 11 - 11 AM 9:26

REGISTRY OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # **361830** (3)  
1. Corporation Name  
**POINCIANA NEW TOWNSHIP, INC.**

Principal Place of Business: P.O. BOX 526000 MIAMI FL 33152  
Mailing Address: P.O. BOX 526000 MIAMI FL 33152

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification <b>03/27/1970</b>	3a. Date of Last Report <b>04/20/1994</b>
4. FEI Number <b>59-1288187</b>	Applied For 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

2. Principal Place of Business	2a. Mailing Address
21. <b>255 ALHAMBRA CIRCLE</b>	26. <b>255 ALHAMBRA CIRCLE</b>
Suite Apt # etc	Suite Apt # etc
22. <b>CORAL GABLES, FL</b>	27. <b>CORAL GABLES, FL</b>
City & State	City & State
23. <b>33134</b>	25. <b>USA</b>
Zip	Country
24. <b>33134</b>	29. <b>USA</b>
Zip	Country

9. Name and Address of Current Registered Agent

**KERRIGAN, JUANITA I.  
255 ALHAMBRA CIR  
9TH FL  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83. City	

11. Pursuant to the provisions of Sections 607.0605 and 607.1509, Florida Statutes, the above named corporation submits the 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '92	
12-1 NAME MCNAIRY, CHARLES STREET ADDRESS 255 ALHAMBRA CIR. CITY, ST, ZIP CORAL GABLES FL	13-1 1. NAME 2. STREET ADDRESS 3. CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12-2 NAME GETMAN, DENNIS J. STREET ADDRESS 255 ALHAMBRA CIR. CITY, ST, ZIP CORAL GABLES FL	13-2 1. NAME 2. STREET ADDRESS 3. CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12-3 NAME KERRIGAN, JUANITA I. STREET ADDRESS 255 ALHAMBRA CIR. CITY, ST, ZIP CORAL GABLES FL	13-3 1. NAME 2. STREET ADDRESS 3. CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12-4 NAME COUGHENOUR, JEANETTE STREET ADDRESS 255 ALHAMBRA CIR. CITY, ST, ZIP CORAL GABLES FL	13-4 1. NAME 2. STREET ADDRESS 3. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
12-5 NAME YANOPOULOS, JOHN STREET ADDRESS 255 ALHAMBRA CIR S800 CITY, ST, ZIP CORAL GABLES FL	13-5 1. NAME 2. STREET ADDRESS 3. CITY, ST, ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
12-6 NAME	13-6 1. NAME 2. STREET ADDRESS 3. CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12-7 NAME	13-7 1. NAME 2. STREET ADDRESS 3. CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is accurately prepared and does not qualify for the exemption stated in Section 119.071(5)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this corporation or the receiver or liquidator thereof; that I am a resident of this state; and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Juanita I. Kerrigan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JUANITA I. KERRIGAN**

4/20/95 (305) 442-7000

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra L. Armstrong  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
FILED

DOCUMENT # **362370** (9)

1. Incorporator Name

**JEBCO ENTERPRISES, INC.**

04/09/1970

JACKSONVILLE, FLORIDA

Principal Place of Business

**9471 BAYMEADOWS RD #308  
JACKSONVILLE FL 32256-0152**

Mainly Address

**9471 BAYMEADOWS RD #308  
JACKSONVILLE FL 32256-0152**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified **04/09/1970**

3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

21. State, Apt # etc.

22. City & State

24. Zip

2a. Mailing Address

26. State, Apt # etc.

28. City & State

29. Zip

4. FEI Number

**59-1320663**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

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

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BULLARD, JAMES E  
9471 BAYMEADOWS RD #308  
JACKSONVILLE FL 32216**

81. Name

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

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.030(2) and 607.150A, 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 607.030a, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1  
NAME  
STREET ADDRESS  
CITY, STATE, ZIP

**PD  
BULLARD, JAMES E  
4817 YACHT CLUB ROAD  
JACKSONVILLE FL**

**D  
BULLARD, LINDA L  
4817 YACHT CLUB ROAD  
JACKSONVILLE FL**

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(b), Florida Statutes. I further certify that the information included 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or is attached to an attachment with an address.

SIGNATURE:

*James E. Bullard Pres.* - James E. Bullard  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

904-636-9997