FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 12 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **723535** **(1)**

1. Corporation Name

POINCIANA VILLAGE TWO ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11 DOVERPLUM CENTER KISSIMMEE FL 34759-0499	11 DOVERPLUM CENTER KISSIMMEE FL 34759-0499

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/26/1972**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **23-7352003** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BROWN, ROCKELL
11 DOVERPLUM CENTER
KISSIMMEE FL 34759-0499

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 400001455194
83 -04/13795--01008--014 ***1248.75 ****138.75
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	TD	☒ Change ☐ Addition
NAME	~~SETTLES, PATRICK G.~~	12 NAME	SAMAHA, STEVEN M.	
STREET ADDRESS	~~255 ALHAMBRA CIRCLE~~	13 STREET ADDRESS	11 DOVERPLUM CENTER	
CITY-ST-ZIP	~~CORAL GABLES FL~~	14 CITY-ST-ZIP	KISSIMMEE, FL 34759	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	ZARITSKY, RICHARD H.	22 NAME		
STREET ADDRESS	11 DOVERPLUM CENTER	23 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	COUGHEANOUR, JEANETTE	32 NAME		
STREET ADDRESS	24 DOVERPLUM CENTER	33 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	PASHLEY, JEFFREY C.	42 NAME		
STREET ADDRESS	24 DOVERPLUM CENTER	43 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jeanette R. Coughenour JEANETTE COUGHENOUR 4/12/95 (407) 933-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR0000