

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 22 1996 8:00 am
Secretary of State

DOCUMENT # 723535 (1)

1. Corporation Name

POINCIANA VILLAGE TWO ASSOCIATION, INC.

Principal Place of Business

11 DOVERPLUM CENTER
KISSIMMEE FL 34759-0499

Mailing Address

11 DOVERPLUM CENTER
KISSIMMEE FL 34759-0499



3. Date Incorporated or Qualified
05/26/1972

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

21 401 E. WALNUT

Suite, Apt. #, etc.

22

City & State

23 KISSIMMEE, FL

Zip

24 34759

Country

25 FLORIDA

2a. Mailing Address

26 401 E. WALNUT

Suite, Apt. #, etc.

27

City & State

28 KISSIMMEE, FL

Zip

29 34759

Country

30 FLORIDA

4. FEI Number
23-7352003

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X

Yes

No

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)

401 E. WALNUT

83

84 City

KISSIMMEE,

FL

85 Zip Code

34759

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
SAMAH, STEVEN M
11 DOVERPLUM CENTER
KISSIMMEE FL 34759-0499

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
ZARITSKY, RICHARD H.
11 DOVERPLUM CENTER
KISSIMMEE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
COUGHEANOUR, JEANETTE
24 DOVERPLUM CENTER
KISSIMMEE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PASHLEY, JEFFREY C.
24 DOVERPLUM CENTER
KISSIMMEE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
(

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

PID
JEFFREY C. PASHLEY
401 E. WALNUT
KISSIMMEE, FL 34759

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

401 E. WALNUT
KISSIMMEE, FL 34759

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

SID
STEVEN M. SAMAH
401 E. WALNUT
KISSIMMEE, FL 34759

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

D
ROY E. WATSON
24 DOVERPLUM CENTER
KISSIMMEE, FL 34759

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

D
JEANETTE R. COUGHEANOUR
24 DOVERPLUM CENTER
KISSIMMEE, FL 34759

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY C. PASHLEY 4/1/96

(941) 427-0900

Date

Daytime Phone #

CF2E037 (12/95)