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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723535** (1)

1. Corporation Name

POINCIANA VILLAGE TWO ASSOCIATION, INC.

Principal Place of Business

**401 EAST WALNUT
KISSIMMEE FL 34759
US**

Mailing Address

**401 EAST WALNUT
KISSIMMEE FL 34759
US**

3. Date Incorporated or Qualified
05/26/1972

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

**BROWN, ROCKELL
401 EAST WALNUT
KISSIMMEE FL 34759**

81 Name

BROWN, ROCKELL Y.

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	PASHLEY, JEFFREY C	
STREET ADDRESS	401 E WALNUT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ZARITSKY, RICHARD H.	
STREET ADDRESS	401 E WALNUT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SAMAH, STEVEN M	
STREET ADDRESS	401 E WALNUT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, ROY E	
STREET ADDRESS	24 DOVERPLUM CENTER	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COUGHENOUR, JEANETTE R	
STREET ADDRESS	24 DOVERPLUM CENTER	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TURKEN, WALTER	
1.3 STREET ADDRESS	401 WALNUT STREET	
1.4 CITY-ST-ZIP	KISSIMMEE, FL 34759	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	REISMAN, JOHN	
2.3 STREET ADDRESS	401 WALNUT STREET	
2.4 CITY-ST-ZIP	KISSIMMEE, FL 34759	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KNIZNER, DAVID	
3.3 STREET ADDRESS	401 WALNUT STREET	
3.4 CITY-ST-ZIP	KISSIMMEE, FL 34759	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAMAH, STEVEN M.	
4.3 STREET ADDRESS	401 WALNUT STREET	
4.4 CITY-ST-ZIP	KISSIMMEE, FL 34759	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PASHLEY JEFFREY C.	
5.3 STREET ADDRESS	401 WALNUT STREET	
5.4 CITY-ST-ZIP	KISSIMMEE, FL 34759	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

Jeffrey C. Pashley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey C. Pashley (941) 427-0900

Date

Daytime Phone # 0079910

CR2E037 (9/96)