


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90346 001 \*\*\*630.00

<b>DOCUMENT # 723535</b>		
1. Entity Name POINCIANA VILLAGE TWO ASSOCIATION, INC.		

Principal Place of Business 401 WALNUT ST KISSIMMEE, FL 34759 US	Mailing Address 401 WALNUT ST KISSIMMEE, FL 34759 US
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**66409710**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02122004 Chg-NP CR2E037 (10/03)

4. FEI Number 23-7352003	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROWN, ROCKELL Y 401 EAST WALNUT KISSIMMEE, FL 34759		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	BD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REISMAN, JOHN		NAME	KNIZNER, DAVID			
STREET ADDRESS	401 WALNUT STREET		STREET ADDRESS	401 WALNUT STREET			
CITY-ST-ZIP	KISSIMMEE, FL 34759		CITY-ST-ZIP	KISSIMMEE, FL 34759			
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GULLO, VINCE		NAME	LEACH, GEORGE A.			
STREET ADDRESS	401 WALNUT STREET		STREET ADDRESS	401 WALNUT STREET			
CITY-ST-ZIP	KISSIMMEE, FL 34759		CITY-ST-ZIP	KISSIMMEE, FL 34759			
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	SID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNIZNER, DAVID		NAME	MITCHELL, STEPHEN J.			
STREET ADDRESS	401 E WALNUT		STREET ADDRESS	401 WALNUT STREET			
CITY-ST-ZIP	KISSIMMEE, FL		CITY-ST-ZIP	KISSIMMEE, FL 34759			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COUCH, DAVID E		NAME	REISMAN, JOHN			
STREET ADDRESS	401 WALNUT ST.		STREET ADDRESS	401 WALNUT STREET			
CITY-ST-ZIP	KISSIMMEE, FL 34759		CITY-ST-ZIP	KISSIMMEE, FL 34759			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MITCHELL, STEPHEN J		NAME	DASHLEY, JEFFREY C.			
STREET ADDRESS	401 WALNUT STREET		STREET ADDRESS	4100 PLEASANT HILL ROAD			
CITY-ST-ZIP	KISSIMMEE, FL 34759		CITY-ST-ZIP	KISSIMMEE, FL 34746			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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:** JEFFREY C. DASHLEY  **(407) 933-5308**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #