


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90084 005 \*\*\*158.75

**DOCUMENT # 361830**

1. Entity Name  
**POINCIANA NEW TOWNSHIP, INC.**



Principal Place of Business      Mailing Address

**201 ALHAMBRA CIR**      **P.O. BOX 026000**  
**12TH FLR**      **MIAMI, FL 33102**    **US**  
**CORAL GABLES, FL 33134**    **US**

40088674



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04012008    Chg-P      CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For

**59-1288187**       Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired     **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KERRIGAN, JUANITA I.**  
**201 ALHAMBRA CIR**  
**12TH FLR**  
**CORAL GABLES, FL 33134**

**7. Name and Address of New Registered Agent**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.     **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VSD	<input type="checkbox"/> Delete
NAME	KERRIGAN, JUANITA	
STREET ADDRESS	201 ALHAMBRA CIR- 12TH LFR	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GETMAN, DENNIS J.	
STREET ADDRESS	201 ALHAMBRA CIR- 12TH LFR	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAYMOND, WARREN	
STREET ADDRESS	201 ALHAMBRA CIR- 12TH LFR	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAMA, MICHAEL	
STREET ADDRESS	201 ALHAMBRA CIR- 12TH LFR	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCAIRY, CHARLES L	
STREET ADDRESS	201 ALHAMBRA CIR. 12	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	V	<input type="checkbox"/> Delete
NAME	FLETCHER, PATRICIA K	
STREET ADDRESS	201 ALHAMBRA CIR.	
CITY-ST-ZIP	MIAMI, FL 33134	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVY, MICHAEL	
STREET ADDRESS	201 ALHAMBRA CIR, 12 FL	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOTER, RANDY L.	
STREET ADDRESS	201 ALHAMBRA CIR, 12 FL	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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:** By: Juanita I. Kerrigan, VP/Sec    Date: 4/18/08    (305) 442-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JUANITA I. KERRIGAN