

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723532

**FILED**  
**Feb 24, 2016**  
**Secretary of State**  
**CC3379982468**

**Entity Name:** POINCIANA VILLAGE FIVE ASSOCIATION, INC.

**Current Principal Place of Business:**

401 WALNUT STREET  
POINCIANA, FL 34759

**Current Mailing Address:**

401 WALNUT STREET  
POINCIANA, FL 34759 US

**FEI Number:** 23-8352006

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BROWN, ROCKELL Y  
401 WALNUT STREET  
POINCIANA, FL 34759 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P/DTB  
Name DESTREMPS, VICTOR  
Address 401 WALNUT STREET  
City-State-Zip: POINCIANA FL 34759

Title VP/D  
Name JOHNSON, SYLVESTER  
Address 401 WALNUT STREET  
City-State-Zip: POINCIANA FL 34759

Title S/T/D  
Name GELTZ, AMANDA  
Address 401 WALNUT STREET  
City-State-Zip: POINCIANA FL 34759

Title D  
Name RAMOS, JOSEPH  
Address 401 WALNUT STREET  
City-State-Zip: POINCIANA FL 34759

Title D  
Name IORIO, ANTHONY S JR.  
Address 401 WALNUT STREET  
City-State-Zip: POINCIANA FL 34759

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** VICTOR DESTREMPS

**PRESIDENT**

**02/24/2016**

Electronic Signature of Signing Officer/Director Detail

Date