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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 361830

(3)

1. Corporation Name
POINCIANA NEW TOWNSHIP, INC.

Principal Place of Business

255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134
US

Mailing Address

~~P.O. BOX 026000~~
~~MIAMI FL 33132~~

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P.O. BOX 026000
Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL

29 33102

30 Country

9. Name and Address of Current Registered Agent

KERRIGAN, JUANITA I.
255 ALHAMBRA CIR
9TH FL
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

03/27/1970

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1288187

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 ☐ DELETE

NAME PD
STREET ADDRESS MCNAIRY, CHARLES
CITY-ST-ZIP 255 ALHAMBRA CIR.
CORAL GABLES FL

TITLE ☐ DELETE

NAME VD
STREET ADDRESS GETMAN, DENNIS J.
CITY-ST-ZIP 255 ALHAMBRA CIR.
CORAL GABLES FL

TITLE ☐ DELETE

NAME VSD
STREET ADDRESS KERRIGAN, JUANITA I.
CITY-ST-ZIP 255 ALHAMBRA CIR.
CORAL GABLES FL

TITLE ☒ DELETE

NAME V
STREET ADDRESS COUGHENOUR, JEANETTE
CITY-ST-ZIP 255 ALHAMBRA CIR.
CORAL GABLES FL

TITLE ☒ DELETE

NAME T
STREET ADDRESS SOPSHIN, JEFFREY
CITY-ST-ZIP 255 ALHAMBRA CIR S800
CORAL GABLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V
RAYMOND, WARREN
255 ALHAMBRA CIR.
CORAL GABLES, FL 33134

T
COLDITZ, LAWRENCE L.
255 ALHAMBRA CIR.
CORAL GABLES, FL 33134

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

CR2E034 (9/96)