FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 405150 (4)

1. Corporation Name
POINCIANA UTILITIES INC

Principal Place of Business
4837 SWIFT ROAD
SARASOTA FL 34231

Mailing Address
4837 SWIFT ROAD
SARASOTA FL 34231

3. Date Incorporated or Qualified: 07/18/1972
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1465024 ☐ 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**

GORDON, ROBERT B
255 ALHAMBRA CIRCLE
9TH FLOOR
CORAL GABLES FL 33134

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 ______ DATE ______

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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GORDON, ROBERT B	
STREET ADDRESS	255 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	☐ DELETE
NAME	BRADTMILLER, PAUL	
STREET ADDRESS	4837 SWIFT RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VT	☐ DELETE
NAME	MURPHY, MICHAEL	
STREET ADDRESS	4837 SWIFT RD. #200	
CITY-ST-ZIP	SARASOTA FL	
TITLE	CAST	☐ DELETE
NAME	SCHIFANO, JOSEPH	
STREET ADDRESS	4837 SWIFT RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	☐ DELETE
NAME	CHUBBUCK, ANITA J.	
STREET ADDRESS	4837 SWIFT RD.#200	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ DELETE
NAME	MCNAIRY, CHARLES	
STREET ADDRESS	255 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	GORDON, ROBERT B.	
1.3 STREET ADDRESS	255 ALHAMBRA CIRCLE	
1.4 CITY-ST-ZIP	CORAL GABLES, FL	
2.1 TITLE	P	☐ Change ☒ Addition
2.2 NAME	ALLEN, GERALD S.	
2.3 STREET ADDRESS	4837 SWIFT RD., #200	
2.4 CITY-ST-ZIP	SARASOTA, FL	
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		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert B. Gordon, Chairman of the Board of Directors 4/17/96 305-44[illegible]-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — ROBERT B. GORDON
DATE — Daytime Phone #