

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90021 001 *1,270.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 405150

1. Corporation Name
POINCIANA UTILITIES INC

Principal Place of Business

**4837 SWIFT ROAD
SUITE 100
SARASOTA FL 34231**

Mailing Address

**4837 SWIFT ROAD
SUITE 100
SARASOTA FL 34231**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1972

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, GERALD S
4837 SWIFT ROAD
SUITE 100
SARASOTA FL 34231**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDC ☐ DELETE
NAME ALLEN, GERALD S
STREET ADDRESS 4837 SWIFT ROAD SUITE #100
CITY-ST-ZIP SARASOTA FL 34231

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

4837 SWIFT RD #100

☒ Change ☐ Addition

TITLE VD ☐ DELETE
NAME ACOSDTA, MICHAEL
STREET ADDRESS 4837 SWIFT RD #100
CITY-ST-ZIP SARASOTA FL 34231

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

ACOSTA, MICHAEL

☒ Change ☐ Addition

TITLE VT ☐ DELETE
NAME MURPHY, MICHAEL
STREET ADDRESS 4837 SWIFT RD. #100
CITY-ST-ZIP SARASOTA FL 34231

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

MURPHY, MICHAEL E

☒ Change ☐ Addition

TITLE CAST ☐ DELETE
NAME SCHIFANO, JOSEPH
STREET ADDRESS 4837 SWIFT RD SUITE #100
CITY-ST-ZIP SARASOTA FL 34231

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

4837 SWIFT RD #100

☒ Change ☐ Addition

TITLE S ☐ DELETE
NAME CHUBBUCK, ANITA J.
STREET ADDRESS 4837 SWIFT RD.#100
CITY-ST-ZIP SARASOTA FL 34231

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME MCNAIRY, CHARLES
STREET ADDRESS 255 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**MCNAIRY, CHARLES L
201 ALHAMBRA CIR
CORAL GABLES FL 33134**

☒ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Anita J. Chubbuck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anita J. Chubbuck

4/13/99

941-925-3088

Date

Daytime Phone #

CR2E034 (11/98)