FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **413397** **(1)**

1. Current Name

POINCIANA GOLF AND RACQUET CLUB, INC.

Principal Place of Business	Mailing Address
255 ALHAMBRA CIR. 9TH FL CORAL GABLES FL 33134-5102	255 ALHAMBRA CIR. 9TH FL CORAL GABLES FL 33134-5102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/27/1972**

3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. # or PO — 22:

Suite, Apt. # or PO — 27:

City & State — 23:

City & State — 28:

Zip — 24: County — 25:

Zip — 29: County — 30:

4. FEI Number: **59-1458085** ☐ 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

KERRIGAN, JUANITA I.
255 ALHAMBRA CIRCLE
9TH FL
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 Section 607.1916 and/or 608, 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

12. OFFICER AND DIRECTOR(S)		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 Title	VD	31 Title	☐ Change ☐ Addition
32 Name	GETMAN, DENNIS J	32 Name	
33 Street Address	255 ALHAMBRA CIR.	33 Street Address	
34 City-St-Zip	CORAL GABLES FL	34 City-St-Zip	
35 Title	VSD	35 Title	☐ Change ☐ Addition
36 Name	KERRIGAN, JUANITA I.	36 Name	
37 Street Address	255 ALHAMBRA CIR.	37 Street Address	
38 City-St-Zip	CORAL GABLES FL	38 City-St-Zip	
39 Title	PTD	39 Title	☐ Change ☐ Addition
40 Name	MCNAIRY, CHARLES	40 Name	
41 Street Address	255 ALHAMBRA CIR.	41 Street Address	
42 City-St-Zip	CORAL GABLES FL	42 City-St-Zip	
43 Title		43 Title	☐ Change ☐ Addition
44 Name		44 Name	
45 Street Address		45 Street Address	
46 City-St-Zip		46 City-St-Zip	
47 Title		47 Title	☐ Change ☐ Addition
48 Name		48 Name	
49 Street Address		49 Street Address	
50 City-St-Zip		50 City-St-Zip	
51 Title		51 Title	☐ Change ☐ Addition
52 Name		52 Name	
53 Street Address		53 Street Address	
54 City-St-Zip		54 City-St-Zip	

14. I hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that this filing complies with the requirements of Section 607.1916 and/or 608, 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 12 or Block 13 with an address, with an "X" in the box.

SIGNATURE: Juanita I. Kerrigan Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
JUANITA I. KERRIGAN

4/26/95 (305) 442-7000
Date Daytime Phone Number

0141938 CP