

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 709946**

1. Entity Name

POINCIANA 4630, INC.

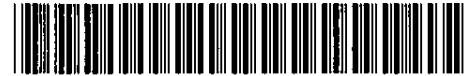


Principal Place of Business

4630 POINCIANA STREET  
LAUDERDALE BY THE SEA FL 33308-3527  
US

Mailing Address

7682 PINE ISLAND WAY  
WEST PALM BEACH FL 33411-5801  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-6201932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGLIANO, RONALD  
7682 PINE ISLAND WAY  
WEST PALM BEACH FL 33411-5801

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature (typed or printed name of registered agent and title) (if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROGLIANO, MARY E.	
STREET ADDRESS	4630 POINCIANA ST	
CITY-STATE-ZIP	LAUDERDALE BY SEA FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	BUTLER, AUGUST P.	
STREET ADDRESS	4630 POINCIANA ST	
CITY-STATE-ZIP	LAUDERDALE BY SEA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRADY, JAMES J JR	
STREET ADDRESS	4630 POINCIANA ST	
CITY-STATE-ZIP	LAUDERDALE BY SEA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROGLIANO, RONALD	
STREET ADDRESS	4630 POINCIANA ST	
CITY-STATE-ZIP	LAUDERDALE BY SEA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORAHAN, LEE E	
STREET ADDRESS	5200 NO OCEAN DR APT #1403	
CITY-STATE-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000838545
CITY-STATE-ZIP	03/05/08-80034-025 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Ronald Rogliano* **RONALD ROGLIANO** 2-25-08 294-4774 (954)