

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90030 001 ***630.00

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1. Entity Name
POINCIANA VILLAGE SIX ASSOCIATION, INC.



Principal Place of Business
**401 WALNUT STREET
KISSIMMEE, FL 34759-3499 US**

Mailing Address
**401 WALNUT STREET
KISSIMMEE, FL 34759-3499 US**

66006715



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

23-7352007

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BROWN, ROCKELL Y.
401 EAST WALNUT
KISSIMMEE, FL 34759**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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
NAME PASHLEY, JEFFREY C ☐ Delete
STREET ADDRESS 401 E WALNUT
CITY-ST-ZIP KISSIMMEE, FL 34759

TITLE VPD
NAME GETMAN, DENNIS J ☐ Delete
STREET ADDRESS 401 WALNUT ST
CITY-ST-ZIP KISSIMMEE, FL 34759

TITLE STD
NAME BROOKE, PETER M ☒ Delete
STREET ADDRESS 401 WALNUT STREET
CITY-ST-ZIP KISSIMMEE, FL 34759

TITLE D
NAME IORIO, ANTHONY S JR ☐ Delete
STREET ADDRESS 401 WALNUT STREET
CITY-ST-ZIP KISSIMMEE, FL 34759

TITLE D
NAME TURK, HAROLD J ☐ Delete
STREET ADDRESS 401 WALNUT ST
CITY-ST-ZIP KISSIMMEE, FL 34759

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Jeffrey C. Pashley Jeffrey C. Pashley

3/20/2007

(321) 442-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #