

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723531

FILED
Mar 23, 2009
Secretary of State

Entity Name: POINCIANA VILLAGE SIX ASSOCIATION, INC.

Current Principal Place of Business:

401 WALNUT STREET
KISSIMMEE, FL 347593499 US

New Principal Place of Business:

401 WALNUT STREET
KISSIMMEE, FL 34759 US

Current Mailing Address:

401 WALNUT STREET
KISSIMMEE, FL 347593499 US

New Mailing Address:

401 WALNUT STREET
KISSIMMEE, FL 34759 US

FEI Number: 23-7352007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BROWN, ROCKELL Y.
401 WALNUT STREET
KISSIMMEE, FL 34759 US

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.

SIGNATURE:

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KERRIGAN, JUANITA
Address: 401 WALNUT ST.
City-St-Zip: KISSIMMEE, FL 34759

Title: VPD () Delete
Name: GETMAN, DENNIS J
Address: 401 WALNUT ST
City-St-Zip: KISSIMMEE, FL 34759

Title: D () Delete
Name: IORIO, ANTHONY S JR
Address: 401 WALNUT STREET
City-St-Zip: KISSIMMEE, FL 34759

Title: D () Delete
Name: MITCHUM, JEFF
Address: 401 WALNUT ST
City-St-Zip: KISSIMMEE, FL 34759

Title: SD () Delete
Name: PREVATT, SONNIE
Address: 401 WALNUT ST
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KERRIGAN, JUANITA I
Address: 401 WALNUT ST.
City-St-Zip: KISSIMMEE, FL 34759

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PREVATT, SONNIE

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date