

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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DO NOT WRITE IN THESE SPACES *138.75**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723533 (6)
1. Corporation Name
POINCIANA VILLAGE FOUR ASSOCIATION, INC.

Principal Place of Business Mailing Address

**11 DOVERPLUM CENTER
KISSIMMEE FL 34759-0499** **11 DOVERPLUM CENTER
KISSIMMEE FL 34759-0499**

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

3. Date Incorporated or Qualified 3a. Date of Last Report

05/26/1972 **05/01/1994**

4. FEI Number Applied For

23-7352005 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BROWN, ROCKELL
11 DOVERPLUM CENTER
KISSIMMEE FL 34759-0499**

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 Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETMAN, DENNIS	12 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	13 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	14 CITY - ST - ZIP	
TITLE	VFD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETTLES, G. PATRICK	22 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	23 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	24 CITY - ST - ZIP	
TITLE	STD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUGHENOUR, JEANETTE	32 NAME	
STREET ADDRESS	24 DOVERPLUM CENTER	33 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEMAN / INCH FL	42 NAME	
STREET ADDRESS	11 DOVERPLUM CENTER	43 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASHLEY, JEFFREY C.	52 NAME	
STREET ADDRESS	24 DOVERPLUM CENTER	53 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeanette R. Coughenour* **JEANETTE COUGHENOUR** 2/17/95 (407) 933-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)