

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Apr 22 1996 8:00 am  
Secretary of State

DOCUMENT # 723533 (6)

1. Corporation Name

POINCIANA VILLAGE FOUR ASSOCIATION, INC.



Principal Place of Business Mailing Address  
11 DOVERPLUM CENTER KISSIMMEE FL 34759-0499

3. Date Incorporated or Qualified 05/26/1972  
3a. Date of Last Report 04/12/1995

2. Principal Place of Business 2a. Mailing Address  
21 401 E. WALNUT 26 401 E. WALNUT  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 KISSIMMEE, FL 28 KISSIMMEE, FL  
Zip Country Zip Country  
24 34759 25 POLK 29 34759 30 POLK

4. FEI Number 23-7352005 Applied For Not Applicable  
5. Certificate of Status Desired K \$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 X 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)  
401 E. WALNUT  
83  
84 City KISSIMMEE FL 85 Zip Code 34759

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GETMAN, DENNIS 255 ALHAMBRA CIRCLE CORAL GABLES FL	1.1 TITLE	PTD WALTER TURKEN 401 E. WALNUT KISSIMMEE, FL 34759
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD SETTLES, G. PATRICK 255 ALHAMBRA CIRCLE CORAL GABLES FL	2.1 TITLE	VPD JOHN REISMAN 401 E. WALNUT KISSIMMEE, FL 34759
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD COUGHENOUR, JEANETTE 24 DOVERPLUM CENTER KISSIMMEE FL	3.1 TITLE	STD DAVID KNIZNER 401 E. WALNUT KISSIMMEE, FL 34759
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SAMAHA, STEVEN M 11 DOVERPLUM CENTER KISSIMMEE FL 34759-0499	4.1 TITLE	401 E. WALNUT KISSIMMEE, FL 34759
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D PASHLEY, JEFFREY C. 24 DOVERPLUM CENTER KISSIMMEE FL	5.1 TITLE	401 E. WALNUT KISSIMMEE, FL 34759
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Jeffrey C. Pashley* JEFFREY C. PASHLEY 4/1/96 (94) 427-0900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)