

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90288 001 ***630.00

DOCUMENT # 723533

1. Entity Name

POINCIANA VILLAGE FOUR ASSOCIATION, INC.

Principal Place of Business

**401 WALNUT ST
 KISSIMMEE FL 34759
 US**

Mailing Address

**401 WALNUT ST
 KISSIMMEE FL 34759
 US**

34581



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7352005

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

**BROWN, ROCKELL Y
 401 EAST WALNUT
 KISSIMMEE FL 34759-0499**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **TURKEN, WALTER**
 STREET ADDRESS **401 E WALNUT**
 CITY-ST-ZIP **KISSIMMEE FL 34759**

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

TITLE **PTD** Delete
 NAME **REISMAN, JOHN**
 STREET ADDRESS **401 E WALNUT**
 CITY-ST-ZIP **KISSIMMEE FL 34759**

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

TITLE **STD** Delete
 NAME **KNIZNER, DAVID**
 STREET ADDRESS **401 E WALNUT**
 CITY-ST-ZIP **KISSIMMEE FL 34759**

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

TITLE **TRD** Delete
 NAME **MITCHELL, STEVEN J**
 STREET ADDRESS **401 WALNUT STREET**
 CITY-ST-ZIP **KISSIMMEE FL 34759**

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

TITLE **D** Delete
 NAME **SAMHA, STEVEN M**
 STREET ADDRESS **401 WALNUT STREET**
 CITY-ST-ZIP **KISSIMMEE FL 34759**

TITLE **VP/D** Change Addition
 NAME **GULLO, VINCE**
 STREET ADDRESS **401 Walnut Street**
 CITY-ST-ZIP **Kissimmee, FL 34759**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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 exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE REQUIRED

John Reisman

3/26/01

(863)427-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)