


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90085 001 ***630.00

DOCUMENT # 723533		
1. Entity Name POINCIANA VILLAGE FOUR ASSOCIATION, INC.		

66008943



Principal Place of Business 401 WALNUT ST KISSIMMEE, FL 34759 US	Mailing Address 401 WALNUT ST KISSIMMEE, FL 34759 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03172005 Chg-NP CR2E037 (10/03)

4. FEI Number 23-7352005	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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. 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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GETMAN, DENNIS			NAME			
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PASHLEY, JEFFREY C			NAME			
STREET ADDRESS	4100 PLEASANT HILL ROAD			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34746			CITY-ST-ZIP			
TITLE	TRD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	IORIO, ANTHONY S JR.			NAME			
STREET ADDRESS	900 TOWNE CENTER DRIVE			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34759			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TURK, HAROLD J			NAME			
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PREVATT, SONNIE R			NAME			
STREET ADDRESS	401 WALNUT STREET			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34759			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Jeffrey C. Pashley* **PASHLEY, JEFFREY C.** (321) 442-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #