2008 NOT-FOR-PROFIT CORPORATION

FILED Apr 09, 2008 8:00 am Secretary of State 04-09-2008 90121 001 ***630.00

| ANNUAL | REPORT | |
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| | | |

| DOCUMENT # 723534 1. Entity Name POINCIANA VILLAGE THREE ASSOCIATION, INC. | | | | | | | 04-09-2008 | 3 90121 001 | ·***63 | 0.00 | |
|---|---|-----------------------------------|-------------------------------------|---|--|---|---|-------------------|--|-------------------------------------|--|
| Principal Place of Business 401 EAST WALNUT STREET KISSIMMEE, FL 34759 US Mailing Address 401 EAST WALNUT STREE KISSIMMEE, FL 34759 | | | | ET US | | | 6600 | | | | |
| Principal Place of Business - No P.O. Box # | | 3. Mailing | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 03282008 | Chg-NP | CR2E037 | (12/06) | | | |
| City & State | | City & | City & State | | 4. FEI Number 59-1514 | | | | plied For Applicable | | |
| Zip | Country - | Zip | Zip Country | | 5. Certificate of | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | |
| | 6. Name and Address of Current | t Registered A | gent | | 7. Name and Address of New Registered Agent Name | | | | | | |
| BROWN, F 401 EAST | ROCKELL Y. WALNUT | | | - | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| KISSIMME | EE,, FL 34759 | | | - | | | | | | | |
| | | | | - | City | | | FL | Zip Code |) | |
| | e named entity submits this statement f | for the purpose | of changing its re | egistered | office or re | gistered agent, or both | , in the State of F | | niliar with, | and accept | |
| មេ បារម្មេចប | tions of registered agent. | | | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agen | nt and tille if applicab | ole. (NOTE: f | Registered / | Agent signature i | required when reinstating) | | DATE | | | |
| | Filing Fee is \$61.25 | | 9. Election Camp | paign Fin | ancing | \$5.00 May Be | ا مُرِدِ ا | Make check p | ayable to | · · · · · | |
| | Due by May 1, 2008 | | Trust Fund Co | ntributio | | Added to Fees | Flo | orida Departm | ent of St | ate : | |
| 10. | OFFICERS AND D | IRECTORS | □ Polete | 11. | | ADDITIONS/CHA | NGES TO OFFIC | | CTORS IN | 10 Addition | |
| NAME | - Dolote | | | NAME | | | | _ | _) Change | Addition | |
| STREET ADDRESS ! | | | | | | | | | | | |
| CITY-ST-ZIP | 1 | | | | ADDRESS T-ZIP | | | | | | |
| l i | KISSIMMEE, FL 34759 VPD | | ☑ Delete | CITY-S | T- ZIP | 7P | | <u> </u> | Change | Addition | |
| City-St-ZIP IITLE NAME | KISSIMMEE, FL 34759 VPD PASHLEY, JEFFREY C | | ☑ Delete | CITY-S TITLE NAME | T-ZIP V | ÂYNES, LEROY | | B | Change | Addition | |
| CATY-ST-ZIP | KISSIMMEE, FL 34759 VPD | | ⊠ Delete | CITY-S TITLE NAME | T-ZIP VH ADDRESS 4 | ĀYNES, LEROY 101 WALNUT STRE | er J. 34759 | B | Change | Addition | |
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