2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#724040

City-St-Zip:

Entity Name: POINCIANA APARTMENTS INC

FILED Apr 26, 2007 Secretary of State

Littly Nai	ile. FOINCIA	NA AFAR IMENTS, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
1035 COLLIER CENTER WAY SUITE 7				886 110TH AVE NORTH NAPLES, FL 34108 US		
NAPLES, F	-L 34110 l	JS				
Current Mailing Address:				New Mailing Address:		
1035 COLLIER CENTER WAY SUITE 7 NAPLES, FL 34110 US			886 110TH AVE NORTH NAPLES, FL 34108 US			
FEI Number:	59-1538998	FEI Number Applied For ()	FEI Number N	lot Applicable	() Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Nan	ne and Add	ress of New Registered Agent:	
THOMPSON, SUSAN L ADVANCED PROPERTY MGMT SERVICE,INC. 1035 COLLIER CENTER WAY SUITE 7 NAPLES, FL 34110 US				WARNER, BRYAN J THE WARNER CORPORATION 886 110TH AVE NORTH NAPLES, FL 34108 US		
	named entity of Florida.	submits this statement for the p	ourpose of cha	nging its reg	gistered office or registered agent, or both,	
SIGNATURE: BRYAN J WARNER					04/26/2007	
	Electro	nic Signature of Registered Age	ent		Date	
OFFICERS	S AND DIREC	TORS:	ADI	DITIONS/CH	ANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	KING, LESLIE) Delete IORE BLVD NORTH #309 4102	Title: Name Addre City-	e:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FLEISHORE, E	_AKE DR SUITE 104		e: CHC ess: 2377	(X) Change () Addition PRLTON, DEREK 7 LINWOOD AVE #211 LES, FL 34112	
Title: Name: Address: City-St-Zip:	VP (MCGLOIN, DE 2602 SAILOR'S NAPLES, FL 3	S WAY	Title: Name Addre City-	e:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	CONNELL, KR	EACH CIR SUITE F101	Title: Name Addre City-	e:	()Change ()Addition	
Title: Name:	() Delete	Title: Name	e: SPF	() Change (X) Addition ORZA, DEBRA	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: NAPLES, FL 34119

SIGNATURE: LESLIE KING P 04/26/2007