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**APPROVED AND FILED**

95 MAY - 1 AM 11:53

**CORPORATION ANNUAL REPORT 1995**

**FLOIDA DEPARTMENT OF STATE**  
*Sandra B. Northam*  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # 726853 (5)**

1. Corporation Name  
**POINCIANA WEST, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business: **1230 OLD BOYNTON RD. BOYNTON BCH. FL 33426**

Mailing Address: **1230 OLD BOYNTON RD. BOYNTON BCH. FL 33426**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/03/1973**

3a. Date of Last Report: **02/28/1994**

4. FEI Number: **59-2163574**

Applied For:  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**HART, JAMES S**  
**111 SUNFLOWER CIR**  
**ROYAL PALM BEACH FL 33411**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>ROSE CERAMI</b>
STREET ADDRESS	<b>1230 OLD BOYNTON ROAD #206</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>
TITLE	<b>P</b>
NAME	<b>JAMES HART, SR.</b>
STREET ADDRESS	<b>111 SUNFLOWER CIRCLE</b>
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL</b>
TITLE	<b>SD</b>
NAME	<b>HART, MADELEINE</b>
STREET ADDRESS	<b>111 SUNFLOWER CIR</b>
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL</b>
TITLE	<b>VD</b>
NAME	<b>ALFRED JAROSZ</b>
STREET ADDRESS	<b>9 VELAIRE DRIVE</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>
TITLE	<b>T</b>
NAME	<b>FRANK GUMPRECHT</b>
STREET ADDRESS	<b>1250 OLD BOYNTON ROAD #311</b>
CITY-ST-ZIP	<b>BOYNTON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Edith Fieler</b>
1.3 STREET ADDRESS	<b>1210 Old Boynton Road #108</b>
1.4 CITY-ST-ZIP	<b>Boynton Beach, FL 33426</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>James (Jessie) Simpson, Jr.</b>
5.3 STREET ADDRESS	<b>1250 Old Boynton Road #320</b>
5.4 CITY-ST-ZIP	<b>Boynton Beach, FL 33426</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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: **James B. Hart Sr.** Date: **4/28/95** (407) 475-1473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR