


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726853 (5)
1. Corporation Name
POINCIANA WEST, INC.



Principal Place of Business 1230 OLD BOYNTON RD. BOYNTON BCH. FL 33426	Mailing Address 1230 OLD BOYNTON RD. BOYNTON BCH. FL 33426-3459
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/03/1973	3a. Date of Last Report 04/16/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2163574	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Scott MONTGOMERY 82 Street Address (P.O. Box Number is Not Acceptable) 6428 LANSDOWNE CR 83 84 City Boynton Beach FL 85 Zip Code 33426
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Scott Montgomery* DATE 4/13/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME FIELER, EDITH	1.1 TITLE Director	1.2 NAME Licya Faust
STREET ADDRESS 1210 OLD BOYNTON RD., #108	CITY-ST-ZIP BOYNTON BEACH FL	1.3 STREET ADDRESS 1230 Old Boynton Road, Apt. #213	1.4 CITY-ST-ZIP Boynton Beach, FL 33426
TITLE P	NAME JAMES HART, SR.	2.1 TITLE President	2.2 NAME Scott Montgomery
STREET ADDRESS 1005 SW 6TH AVE	CITY-ST-ZIP BOYNTON BCH FL	2.3 STREET ADDRESS 6428 Lansdowne Circle	2.4 CITY-ST-ZIP Boynton Beach, FL 33437
TITLE SD	NAME HART, MADELEINE	3.1 TITLE Secretary	3.2 NAME A. Hopkin Kennemer, Jr.
STREET ADDRESS 1005 SW 6TH AVE	CITY-ST-ZIP BOYNTON BCH FL	3.3 STREET ADDRESS 21 Swallow Drive	3.4 CITY-ST-ZIP Boynton Beach, FL 33462
TITLE VD	NAME ALFRED JAROSZ	4.1 TITLE Vice President / TREASURER	4.2 NAME Craig Earnhart
STREET ADDRESS 9 VELAIRE DRIVE	CITY-ST-ZIP BOYNTON BEACH FL	4.3 STREET ADDRESS 811 George Bush Boulevard	4.4 CITY-ST-ZIP Delray Beach, FL 33483
TITLE T	NAME SIMPSON, JAMES J	5.1 TITLE Director	5.2 NAME Steve Gors
STREET ADDRESS 1250 OLD BOYNTON RD, #320	CITY-ST-ZIP BOYNTON BEACH FL	5.3 STREET ADDRESS 1210 Old Boynton Road, Apt. #116	5.4 CITY-ST-ZIP Boynton Beach, FL 33426
TITLE [] DELETE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
		000002149570	-04/21/97--0113--046
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14. I do 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 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: *Scott Montgomery* DATE: 4/13/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 561-487-5765
 Daytime Phone # 0041726

CR2E037 (9/96)

RW
4-18-97