

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90154 014 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726853

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/03/1973	4. FEI Number 59-2163574 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
MONTGOMERY, SCOTT 6428 LANSLOWNE CIRCLE BOYNTON BEACH FL 33437		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City	FL	85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOESTEN, RAYMOND	1.2 NAME	Scott Montgomery
STREET ADDRESS	1250 OLD BOYNTON RD. #317	1.3 STREET ADDRESS	6428 Lansdowne Cir.
CITY-ST-ZIP	BOYNTON BCH. FL 33426	1.4 CITY-ST-ZIP	Boynton Bch, FL 33437
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, ROSE	2.2 NAME	
STREET ADDRESS	1230 OLD BOYNTON RD. #218	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL 33426	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNER, A. HOPKIN	3.2 NAME	Scott Montgomery
STREET ADDRESS	21 SWALLOW DRIVE	3.3 STREET ADDRESS	6428 Lansdowne Cir.
CITY-ST-ZIP	BOYNTON BCH FL	3.4 CITY-ST-ZIP	Boynton, Bch, FL 33462
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARNHART, CRAIG	4.2 NAME	A. Hopkins Kennemer Jr
STREET ADDRESS	811 GEORGE BUSH BLVD.	4.3 STREET ADDRESS	21 Swallow Dr.
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	Boynton Bch, FL 33437
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, SCOTT	5.2 NAME	Craig D. Earnhart
STREET ADDRESS	6428 LANSLOWNE CIR.	5.3 STREET ADDRESS	811 George Bush Blvd.
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	Delray Bch. FL 33483
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	James Hart
STREET ADDRESS		6.3 STREET ADDRESS	1005 S.W. 6th Ave.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Boynton Bch, FL 33426

14. 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 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, with an other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 CRAIG D. EARNHART
 Date _____ Daytime Phone # _____

CR2E037 (11/98)