

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90043 009 ****61.25

DOCUMENT # 726853

1. Entity Name
POINCIANA WEST, INC.



Principal Place of Business
**904 SE 5TH AVE.
DELRAY BEACH, FL 33483**

Mailing Address
**904 SE 5TH AVE.
DELRAY BEACH, FL 33483**

20007831



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2163574

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAGHER, JOSEPH M
904 SE 5TH AVE.
DELRAY BEACH, FL 33483**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MONTGOMERY, SCOTT
STREET ADDRESS 6428 LANSLOWNE CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE VPD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WALTERS, ROSE
STREET ADDRESS 1230 OLD BOYNTON RD. #218
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HOPKINS, KENNEMAR A JR
STREET ADDRESS 810 TANGERINE WAY
CITY-ST-ZIP GULFSTREAM, FL 33437

TITLE PD ☒ Change ☐ Addition
NAME KENNEMAR, JR., A. HOPKINS
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME EARNHART, CRAIG
STREET ADDRESS 70 SE 4TH AVE.
CITY-ST-ZIP DELRAY BCH, FL 33483

TITLE D ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME DAGHER, JOSEPH M
STREET ADDRESS 904 SE 5TH AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE STD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/07

561-2663272