

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 10, 2009  
Secretary of State**

DOCUMENT# 726853

Entity Name: POINCIANA WEST, INC.

**Current Principal Place of Business:**

904 SE 5TH AVE.  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

904 SE 5TH AVE.  
DELRAY BEACH, FL 33483

**New Mailing Address:**

FEI Number: 59-2163574      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MONTGOMERY, SCOTT  
Address: 6428 LANSDOWNE CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PD      ( ) Delete  
Name: KENNEMAR, HOPKINS A JR.  
Address: 810 TANGERINE WAY  
City-St-Zip: GULFSTREAM, FL 33437

Title: D      ( ) Delete  
Name: EARNHART, CRAIG  
Address: 70 SE 4TH AVE.  
City-St-Zip: DELRAY BCH, FL 33483

Title: STD      ( ) Delete  
Name: DAGHER, JOSEPH M  
Address: 904 SE 5TH AVENUE  
City-St-Zip: DELRAY BEACH, FL 33483

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Change (X) Addition  
Name: SHEPHERD, PATRICK DR.  
Address: 10748 ST. ANDREWS ROAD  
City-St-Zip: BOYNTON BEACH, FL 3436

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.

SIGNATURE: JOSEPH M. DAGHER

STD

01/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date