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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **730601** (2)
1. Corporation Name
POINCIANA CMC ASSOCIATION, INC.

Principal Place of Business Mailing Address
2327 POINCIANA DR NAPLES FL 33942 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/04/1974	3a. Date of Last Report 04/08/1994
4. FEI Number 65-0311909	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 3483 MALAGA WAY Suite, Apt. #, etc. 22 City & State 23 NAPLES FL Zip 24 33942	2a. Mailing Address 26 3483 MALAGA WAY Suite, Apt. #, etc. 27 City & State 28 NAPLES FL Zip 29 33942 Country 30 US
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9. Name and Address of Current Registered Agent
TAGUE, DAVID
2327 POINCIANA DR
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name KERRIGAN, WILLIAM
82 Street Address (P.O. Box Number is Not Acceptable) 3483 MALAGA WAY
83
84 City NAPLES
85 State FL
86 Zip Code 33942

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE William Kerrigan William Kerrigan 4/27/94
Signature, typed or printed name of registered agent and title, if applicable. (DATE Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	TD LAWRENCE, SUSAN 2840 POINCIANA DR. NAPLES FL
TITLE NAME STREET ADDRESS CITY ST ZIP	VD WILSON, JAMES 3501 BOLERO WAY NAPLES FL
TITLE NAME STREET ADDRESS CITY ST ZIP	PD TAGUE, DAVID 2327 POINCIANA DR NAPLES FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D NEMETH, TOM 2401 POINCIANA DR NAPLES FL
TITLE NAME STREET ADDRESS CITY ST ZIP	VD KERRIGAN, WILLIAM 3483 MALAGA WAY NAPLES FL
TITLE NAME STREET ADDRESS CITY ST ZIP	SD SKINNER, ELNOR 2512 POINCIANA DR NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD DANIELS ERNEST F 2661 POINCIANA DR. NAPLES FL 33942
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 100001485571 -05/12/95--01039--016 ****130.00 ****130.00
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NONE

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 as an attachment with an address.

SIGNATURE: Ernest F. Daniels Ernest F. Daniels 4/27/94 813 261 2801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)