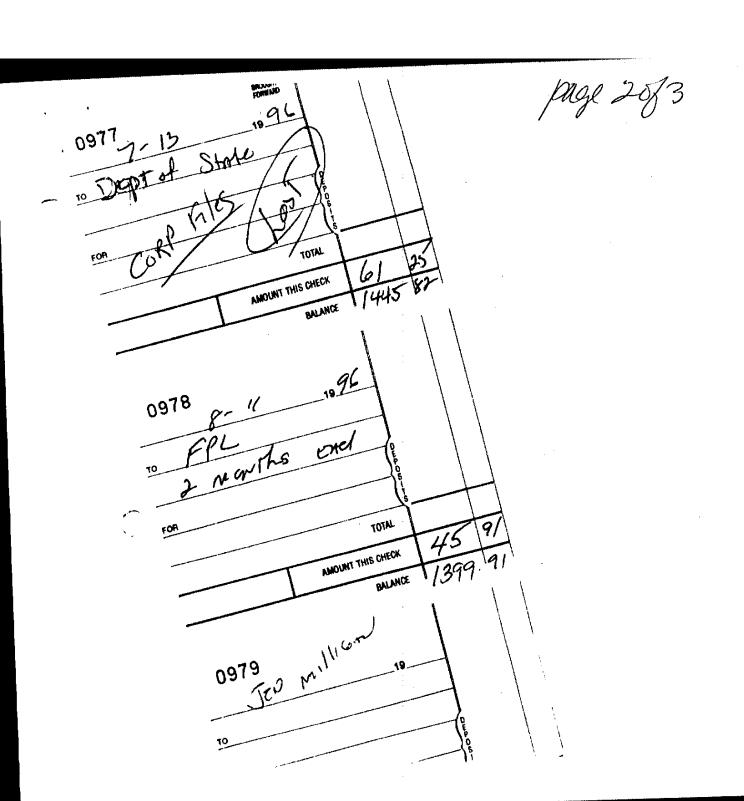
				LICTIONS	EEODE C	OMPLETIN	G THIS EQRM.	rn 1.40	
	PLEAS LACATION FOR	E READ A	FLORIDA I Sa	UCTIONS B DEPARTMENT Indra B. Morth Secretary of Sta	am te		96 OCT -4 AM		,
	IMENT #	73060	1			ı	SECRETARY OF S TALLAHASSEE, FLO	TATE	
1. Corporation Name POINCIANA CIVIC ASSOCIATIO JU ANNUAL LLP Principal Place of Business 3483 MALAGA WAY NAPLES FL 33942 US			ON, INC. Melling Address 3483 MALAGA WAY NAPLES FL 33942 US			50			
If above a	ddresses are incorrect in	ı any way, line thro Applicable	ugh incorrect info 3. New Mailing	ormation and enter co	rrection below.	Date Incorpor To Do Busine	*****61.25	*****61.25 09/04/1974	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Number	65-0311909	Applied For Not Applicab	ole
City & State Zip Country		City & State Zip Country		·	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			ired	
•	and Street Addresses of	Each Officer and/	or Director (Flor	ida nonprofit corporati	ions must list at le	ast 3 directors)			
Name of Officers and/or Directors				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
TD	DANIELS, ERNEST F			2661 POINCIANA DR			NAPLES FL 33942		
VD	WILSON, JAMES			3501 BOLERO WAY			NAPLES FL		
D	TAGUE, DAVID			2327 POINCIANA DR			NAPLES FL		
D	NEMETH, TOM			2401 POINCIANA DR			NAPLES FL		
PD	KERRIGAN, WILLIAM			3483 MALAGA \	NAY		NAPLES FL		
							O. alavo	· 4-96	
Name and Address of Current Registered Agent					Name	9. Name and	nd Address of New Registered Agent (
KERRIGAN WILLIAM, DAVID 3483 MALAGA WAY NAPLES FL 33942					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
Signature Register	ed Agent _Colonia	Carin S	REGISTERED A	GENT JUST SIGN	with and accept the	}	tion 607.0505, F.S. Date 9/2	7 / 56 or side for information intangible tax.)	
12. I cer	Does this corpo Dept. of Reven tity that I am an officer of einstatement application by the corporation have his application is true and	or director or the rec n, the reason for die	elver or trustee	empowered to execute an eliminated, the corp	e this application a porate name satis	as provided for in cl fies the requirement for an exemption u	napter 607 or 617, F.S. I fu ts of section 607.0401 or 6 inder section 119.07(3)(i), I	rther certify that when fill	ng es cated

SIGNATURE: William C/Congain 9/27/94 243-373 (
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Dale Daytime Prione #



page 3 of 3

Division of Corporations Annual Report/ Reinstatement Section P.O. Box 6327 Tallahassee FL 32314-6327

September 30, 1996

Dear sirs;

Enclosed is a copy of our check book entry. As you can see we mailed our check to the Dept of State on July 13, 1996. We did not receive the original payment request. This was the 90 day notice that we received and sent to you. Evidently our payment was lost in the mail some how. Our organization is very small and we do not receive a lot of monies. Please except our payment of \$61.25. If this is not acceptable please notify us and we will send the larger amount.

Respectfully

Ernest F. Daniels

Treasurer