FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

730601

(2)

POINCIANA CIVIC ASSOCIATION INC

FILED Feb 16 1998 8:00am Secretary of State

TOMORNA ONO AGGGIANON, INC.					
Principal Place of Business 3483 MALAGA WAY		Malling Address 3483 MALAGA WAY			3. Date Incorporated or Qualified
NAPLES FL 33942		NAPLES FL 33942 US			09/04/1974
03		05			4. FEI Number Applied For
					65-0311909 Not Applicable
2. Principal Place of Business		2a. Mailing Address		•	5. Certificate of Status Desired \$8.75 Additional
21		26			Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
City & State			City & State		Trust Fund Contribution Added to Fees
23		 	28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year intangible
24	25 29 30		ю .		Personal Property Tax due June 30. Yes No
					10. Name and Address of New Registered Agent
			81	Name	1
KERRIGAN WILLIAM, DAVID			82	Street /	Address (P.O. Box Number is Not Acceptable)
3483 MALAGA WAY				ļ	
NAPLES	FL 33942		83		
			84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-n					
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					
Signature, lyped or printed name of registered agent and tritle if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD	DELETE	1.1 TITLE		MARK CURTS Change Change
NAME OTREET ADDRESS	DANIELS, ERNEST F	*	1.2 NAME		SYYE SANTIAGO LAY
STREET ADDRESS	2661 POINCIANA DR NAPLES FL 33942		1.3 STREET		NAMES PL 34105
CITY-ST-ZIP TITLE	VD	DELETE	1.4 CITY - 5 2.1 TITLE	ST-ZIP	NATION Change Addition
NAME	WILSON, JAMES		2.2 NAME		Li diango Li rodadi
STREET ADDRESS	3501 BOLERO WAY		2.3 STREET	ADDRESS	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-		
TITLE	D	☐ DELETE	3.1 TITLE	31-211	Change Addition
NAME	TAGUE, DAVID	_	3.2 NAME	,	
STREET ADDRESS	AAAW BOULOULLA DD		3.3 STREET	ADDRESS	
CITY-ST-ZIP	NAPLES FL		3.4. CITY-1	ST-ZIP	
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	NEMETH, TOM		4.2 NAME		
STREET ADDRESS	2401 POINCIANA DR		4.3 STREET	ADDRESS	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	PD	DELETE	5.1 TITLE		Change Addition
NAME	KERRIGAN, WILLIAM		5.2 NAME		
STREET ADDRESS	3483 MALAGA WAY		5.3 STREET		
CITY-ST-ZIP	NAPLES FL	T Dr. Cyc	5.4 CITY-S	T-ZIP	
TITLE		DELETE	6.1 TITLE	ļ	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET		
14. Lhereby c	ertify that the information supplier	t with this filling does not qualify for	6.4 CITY - S		ed in Section 119 07/3/ii) Florida Statutes I further certify that the information

indicated on this annual report or supplies with this limit does not quality 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.