

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90352 038 ****61.25

DOCUMENT # 730601

1. Entity Name

POINCIANA CIVIC ASSOCIATION, INC.



Principal Place of Business

3483 MALAGA WAY
NAPLES FL 33942
US

Mailing Address

3483 MALAGA WAY
NAPLES FL 33942
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0311909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

KERRIGAN WILLIAM, DAVID
3483 MALAGA WAY
NAPLES FL 33942

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE: ☒ Delete
NAME: KLEMP, CATHERINE L
STREET ADDRESS: 2545 POINCIANA DR.
CITY-ST-ZIP: NAPLES FL 34105

TITLE: ☐ Delete
NAME: PALERMO, GINA
STREET ADDRESS: 3436 TORTAGAWAY
CITY-ST-ZIP: NAPLES FL 34105

TITLE: ☐ Delete
NAME: GOOD, JEFFREY E
STREET ADDRESS: 3365 POINCIANA ST
CITY-ST-ZIP: NAPLES FL 34105

TITLE: ☐ Delete
NAME: KERRIGAN, WILLIAM
STREET ADDRESS: 3483 MALAGA WAY
CITY-ST-ZIP: NAPLES FL

TITLE: ☐ Delete
NAME: MULIGAN, BRIAN
STREET ADDRESS: 3515 CORANA WAY
CITY-ST-ZIP: NAPLES FL 34105

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☒ Change ☐ Addition
NAME: TREASURER
STREET ADDRESS: LORI YOUNG
CITY-ST-ZIP: 3555 SANTIAGO WAY
NAPLES, FL 34105

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

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

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

TITLE: ☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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:

William Kerrigan PRES.

3/30/04

239-243-3731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #