

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730601

FILED
Apr 28, 2005
Secretary of State

Entity Name: POINCIANA CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

3483 MALAGA WAY
NAPLES, FL 33942 US

New Principal Place of Business:

Current Mailing Address:

3483 MALAGA WAY
NAPLES, FL 33942 US

New Mailing Address:

FEI Number: 65-0311909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERRIGAN WILLIAM, DAVID
3483 MALAGA WAY
NAPLES, FL 33942 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: T () Delete
Name: YOUNG, LORI
Address: 3555 SANTIAGO WAY
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: PALERMO, GINA
Address: 3436 TORTAGAWAY
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: GOOD, JEFFREY E
Address: 3365 POINCIANA ST
City-St-Zip: NAPLES, FL 34105

Title: PD () Delete
Name: KERRIGAN, WILLIAM,
Address: 3483 MALAGA WAY
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: MULIGAN, BRIAN
Address: 3515 CORANA WAY
City-St-Zip: NAPLES, FL 34105

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LORI YOUNG

T

04/28/2005

Electronic Signature of Signing Officer or Director

Date