06/15/2006 08:21 850-245-6897 FL DE 2/04

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Jul 13, 2006 8:00 am
Secretary of State
05-25-2006 90015 009 ****50.00
07-13-2006 90077 001 *****8.75
07-13-2006 90077 002 ****11.25

66021782

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 730601

1. Entity Name
POINCIANA CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3483 MALAGA WAY NAPLES, FL 33942 US	3483 MALAGA WAY NAPLES, FL 33942 US

08152006 Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KERRIGAN WILLIAM, DAVID 3483 MALAGA WAY NAPLES, FL ~~33942~~ 34105	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25 Due by September 6, 2006	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T YOUNG, LORI 3555 SANTIAGO WAY NAPLES, FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DIRECTOR YOUNG, LORI 3555 SANTIAGO WAY NAPLES, FL 34105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALERMO, GINA 3436 TORTAGAWAY NAPLES, FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOOD, JEFFREY E 3365 POINCIANA ST NAPLES, FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KERRIGAN, WILLIAM 3483 MALAGA WAY NAPLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER KERRIGAN, WILLIAM 3483 MALAGA WAY NAPLES, FL 34105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MULIGAN, BRIAN 3515 CORANA WAY NAPLES, FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 7/8/06 239-777-1831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ANNUAL REPORT (AR)

5/25/2006-90015-009-$50.00-$50.00

I KNOW GIBSON
248 688 0
850

ATTACHMENT ✓ 66021782

DOCUMENT # 730601

1. Entity Name
POINCIANA VILLAGE CIVIC ASSOCIATION

DO NOT WRITE IN THIS SPACE

CR2E083B (8/05)

2. Principal Place of Business	3. Mailing Address
POINCIANA VILLAGE	3483 MALAGA WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES, FL
Zip: 34105 Country: USA	Zip: 34105 Country: USA

4. FEI Number — ☐ Applied For ● Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WILLIAM KERRIGAN

Street Address (P.O. Box Number is Not Acceptable): 3483 MALAGA WAY

City: NAPLES FL Zip Code: 34105

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	PRESIDENT	TITLE	
NAME	LORI YOUNG	NAME	
STREET ADDRESS	3555 SANTIAGO WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34105	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	BRIAN MILLIGAN	NAME	
STREET ADDRESS	3515 CORONA WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34105	CITY-ST-ZIP	
TITLE	LILLIAN MONTES	TITLE	
NAME	SECRETARY	NAME	
STREET ADDRESS	2697 POINCIANA DR	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	NAPLES, FL 34105	CITY-ST-ZIP	
TITLE	TREASURER	TITLE	**IN THIS SPACE**
NAME	WILLIAM KERRIGAN	NAME	
STREET ADDRESS	3483 MALAGA WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	JEFF GOOD	NAME	
STREET ADDRESS	3365 POINCIANA ST	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34105	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	JOHN SERGENT	NAME	
STREET ADDRESS	2901 POINCIANA DR	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34105	CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: William Kerrigan 5/16/06 239-263-3731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #