ANNUAL REPORT (AR)

DOCUMENT # 730601 FILED 1. Entity Name May 08, 2007 08:00 AM Secretary of State POINCIANA CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address 3483 MALAGA WAY 3483 MALAGA WAY NAPLES FL 34105 NAPLES FL 34105 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For 4. FEI Number City & State City & State 65-0311909 Not Applicable Ζıρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KERRIGAN WILLIAM, DAVID Street Address (P.O. Box Number is Not Acceptable) 3483 MALAGA WAY NAPLES FL 34105 Zip Code City 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 herrie of registered agent and little if applicable (NOTE: Registered Agent signature required when roinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Change Addition ☐ Delete HHI TITLE U00000782539 NAME NAME YOUNG, LORI STREET ADDRESS STREET ADDRESS 3555 SANTIAGO WAY 05/29/07-80013-007 61.25 CHY-SI-7IP CITY ST- 7IP NAPLES FL 34105 ☐ Change Addition ☐ Delete TILLE TITLE NAME NAMI PALERMO, GINA STREET ADORESS STREET ADDRESS 3436 TORTAGAWAY CHY-SI-7IP CITY-ST-ZIP NAPLES FL 34105 ☐ Change Addition TITLE ☐ Dolete TITLE NAME NAME GOOD, JEFFREY E STREET ADORESS STREET ADDRESS 3365 POINCIANA ST CITY-ST-ZIP CITY - ST - ZIP NAPLES FL 34105 □ Change ☐ Addition ☐ Delete WITE NAME KERRIGAN, WILLIAM STREET ADDRESS STREET ADORESS 3483 MALAGA WAY CHY-ST-ZIP CITY-ST-ZIP NAPLES FL 34105 ☐ Change ☐ Addition THE ☐ Delete D NAME MULIGAN, BRIAN STREET ADDRESS STREET ADDRESS 3515 CORANA WAY CITY - S1 - ZII CITY-ST-ZIP NAPLES FL 34105 Change Addition DHE Delete THE NAMI: NAME STREET ADDRESS STREET ADDRESS CHY-S1-7IP CITY-ST-ZIP

12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

When I are the containing the c