

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730601

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: POINCIANA CIVIC ASSOCIATION, INC.

## Current Principal Place of Business:

3483 MALAGA WAY  
NAPLES, FL 34105 US

## New Principal Place of Business:

## Current Mailing Address:

3483 MALAGA WAY  
NAPLES, FL 34105 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 34105 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: P ( ) 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: T ( ) Delete  
Name: KERRIGAN, WILLIAM  
Address: 3483 MALAGA WAY  
City-St-Zip: NAPLES, FL 34105

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLAM KERRIGAN

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date