

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR - 8 PM 3: 12

DOCUMENT # 758228 (1)
1. Corporation Name
POINCIANA VILLAGE NINE ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/29/1981	3a. Date of Last Report 03/04/1994
4. FEI Number 59-2224138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
C/O LINDA R CARLSON 8103 BUENA VISTA WAY S ELLENTON FL 34222		C/O LINDA R CARLSON 8103 BUENA VISTA WAY S ELLENTON FL 34222	
2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

BROWN, ROCKELL
11 DOVERPLUM CENTER
KISSIMMEE FL 32758-9606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GROH, FRANK
STREET ADDRESS	234 BOSCOBEL DR
CITY- ST- ZIP	KISSIMMEE, FL 00000
TITLE	D
NAME	EDWARDS, ROGER S.
STREET ADDRESS	24 DOVERPLUM CENTER
CITY- ST- ZIP	KISSIMMEE, FL 00000
TITLE	D
NAME	COUGHENOUR, JEANETTE R
STREET ADDRESS	24 DOVERPLUM CTR
CITY- ST- ZIP	KISSIMMEE, FL 00000
TITLE	DV
NAME	PASHLEY, JEFFREY C
STREET ADDRESS	24 DOVERPLUM CTR
CITY- ST- ZIP	KISSIMMEE FL
TITLE	DST
NAME	MCCUIRE, JAMES
STREET ADDRESS	234 BOSCOBEL DR
CITY- ST- ZIP	KISSIMMEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	JOHN RUSSELL
2.4 CITY- ST- ZIP	24 DOVERPLUM CENTER KISSIMMEE, FL 34758
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Wesley L. DeBoard* Wesley L. DeBoard Association Mgr. 3/3/95 302 846 2186