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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 758228 (1)

1. Corporation Name

POINCIANA VILLAGE NINE ASSOCIATION, INC.



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 34222-4757

3. Date Incorporated or Qualified
10/29/1981

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2224138

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, ROCKELL
11 DOVERPLUM CENTER
KISSIMMEE FL 32758-9606

81 Name BROWN, ROCKELL
82 Street Address (P.O. Box Number is Not Acceptable) 401 WALNUT STREET
83
84 City POINCIANA FL 85 Zip Code 34759

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GROH, FRANK	
STREET ADDRESS	234 BOSCOBEL DR	
CITY-ST-ZIP	KISSIMMEE, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	IORIO, TONY	
STREET ADDRESS	24 DOVERPLUM CENTER	
CITY-ST-ZIP	KISSIMMEE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COUGHENOUR, JEANETTE R	
STREET ADDRESS	24 DOVERPLUM CTR	
CITY-ST-ZIP	KISSIMMEE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JANZ, MARK	
STREET ADDRESS	24 DOVERPLUM CENTER	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCOUIRE, JAMES	
STREET ADDRESS	234 BOSCOBEL DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIRECTOR	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PRESIDENT, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROY GORDON	
3.3 STREET ADDRESS	234 BOSCOBEL DR	
3.4 CITY-ST-ZIP	KISSIMMEE, FL 34758	
4.1 TITLE	DIRECTOR, SECY, TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVID JOHNS	
5.3 STREET ADDRESS	24 DOVERPLUM CENTER	
5.4 CITY-ST-ZIP	KISSIMMEE, FL	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wesley D. Dillard* *Wesley D. Dillard* Assn Manager 2/19/97 407 846 2186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0082342

CR2E037 (9/96)