

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90261 005 ****61.25



DOCUMENT # 758228
 1. Entity Name
POINCIANA VILLAGE NINE ASSOCIATION, INC.

Principal Place of Business
C/O BECKY LANGFORD/ H& R BLOCK SUITE A KISSIMMEE, FL 34741 US

Mailing Address
200 EAST MONUMENT AVENUE, SUITE A SUITE A KISSIMMEE, FL 34741 US



2. Principal Place of Business
1633 E. Vine Street
 Suite, Apt. #, etc.
Suite 110
 City & State
Kissimmee, FL
 Zip Country
34744 U.S.

3. Mailing Address
1633 E. Vine Street
 Suite, Apt. #, etc.
Suite 110
 City & State
Kissimmee, FL
 Zip Country
34744 U.S.

04192004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2224138

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BROWN, ROCKELL
401 WALNUT ST
POINCIANA, FL 34759

7. Name and Address of New Registered Agent
 Name
Rebecca Furlow
 Street Address (P.O. Box Number is Not Acceptable)
1633 E. Vine Street
Suite 110
 City
Kissimmee, FL Zip Code
FL 34744

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 *Rebecca Furlow*
 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 May 1, 2004

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

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HOLLAR, WILLIAM E 2658 EINWOOD DRIVE KISSIMMEE, FL 34758 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD EADES, LARRY 214 ELLSWORTH DR. KISSIMMEE, FL 34758 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MOORE, WILLIAM G 2705 CRAMMOOR DR. KISSIMMEE, FL 34758 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JELLIFFE, FRED 2654 EINWOOD DR. KISSIMMEE, FL 34758 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILKINSON, RONALD 2607 SALINA WAY KISSIMMEE, FL 34758 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Stahl, Barbara 2738 Cranmar Drive Kissimmee, FL 34758 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Finazzo, Paul 17569 Finch Court Cold Spring, MN 56390 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD Newell, Celeste 2624 McDaniel Drive Kissimmee, FL 34758 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Abbey, Wayne 2624 McDaniel Drive Kissimmee, FL 34758 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Holler, William 2658 Einwood Drive Kissimmee, FL 34758 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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: *Barbara A. Stahl* **BARBARA A. STAHL** **4/26/04** **407-518-1962**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #