

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005468

FILED
Jun 30, 2004
Secretary of State**Entity Name:** POINCIANA YOUTH SOCCER LEAGUE ASSOCIATION, INC.**Current Principal Place of Business:**3795 FOUNTAINBLEAU BLVD.
KISSIMMEE, FL 34746**New Principal Place of Business:**57 ANDORA COURT
KISSIMMEE, FL 34758**Current Mailing Address:**3795 FOUNTAINBLEAU BLVD.
KISSIMMEE, FL 34746**New Mailing Address:**57 ANDORA COURT
KISSIMMEE, FL 34758**FEI Number:** 06-1641279**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**AVILES, ANTONIO
3795 FOUNTAINBLEAU BLVD.
KISSIMMEE, FL 34746**Name and Address of New Registered Agent:**ALWI, ARIF A
57 ANDORA COURT
KISSIMMEE, FL 34758

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: ARIF ALWI

06/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AVILES, ANTONIO
Address: 3795 FOUNTAINBLEAU BLVD.
City-St-Zip: KISSIMMEE, FL 34746

Title: 1VPD () Delete
Name: LOPEZ, AMBROSIO
Address: 130 CLAYCUT CIR
City-St-Zip: HAINES CITY, FL 33844

Title: TD () Delete
Name: GILBERT, IRENE
Address: 624 GULL DR
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALWI, ARIF
Address: 57 ANDORA COURT
City-St-Zip: KISSIMMEE, FL 34758

Title: SECD (X) Change () Addition
Name: ALWI, DEBORAH
Address: 57 ANDORA COURT
City-St-Zip: KISSIMMEE, FL 34758

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARIF ALWI

PD

06/30/2004

Electronic Signature of Signing Officer or Director

Date