

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008627

FILED
Apr 01, 2004
Secretary of State**Entity Name:** POINCIANA HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**531 NW 10TH AVENUE
BOYNTON BEACH, FL 33435**New Principal Place of Business:****Current Mailing Address:**531 NW 10TH AVENUE
BOYNTON BEACH, FL 33435**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JACKSON, DORIS
531 NW 10TH AVENUE
BOYNTON BEACH, FL 33435**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: D (X) Delete
Name: JOHNSON, ISIDORE
Address: 533 N.W. 13TH AVE.
City-St-Zip: BOYNTON BEACH, FL 33435 USTitle: D () Delete
Name: MILLER, HATTIE
Address: 1210 N.W. 1ST STREET
City-St-Zip: BOYNTON BEACH, FL 33435 USTitle: P/D () Delete
Name: JACKSON, DORIS
Address: 531 N.W. 10TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435 USTitle: V () Delete
Name: WRIGHT, JEWEL
Address: 508 N.W. 11TH AVE.
City-St-Zip: BOYNTON BEACH, FL 33435 USTitle: S () Delete
Name: LOUISUS, LINDA
Address: 530 N.W. 12TH AVE.
City-St-Zip: BOYNTON BEACH, FL 33435 US**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:Title: S (X) Change () Addition
Name: MCDONALD, JOSEPHUS
Address: 556 N.W. 10TH AVE.
City-St-Zip: BOYNTON BEACH, FL 33435 US

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: JOSEPHUS MC DONALD

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04/01/2004

Electronic Signature of Signing Officer or Director

Date