2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004
Secretary of State

DOCUMENT# N02000008627

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	( ) Delete
Name:	MILLER, HATTIE	
Address:	1210 N.W. 1ST STREET	
City-St-Zip:	BOYNTON BEACH, FL 33435 US	
Title:	P/D	( ) Delete
Name:	JACKSON, DORIS	
Address:	531 N.W. 10TH AVE	
City-St-Zip:	BOYNTON BEACH, FL 33435 US	
Title:	V	( ) Delete
Name:	WRIGHT, JEWEL	
Address:	508 N.W. 11TH AVE.	
City-St-Zip:	BOYNTON BEACH, FL 33435 US	
Title:	S	( ) Delete
Name:	MCDONALD, JOSEPHUS	
Address:	556 N.W. 10TH 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:	

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: DORIS JACKSON P 08/03/2004

Electronic Signature of Signing Officer or Director — Date