

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90449 001 ***306.25

DOCUMENT # N02000008627

1. Entity Name
POINCIANA HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**531 NW 10TH AVENUE
BOYNTON BEACH, FL 33435**

Mailing Address
**531 NW 10TH AVENUE
BOYNTON BEACH, FL 33435**

66011158



04162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JACKSON, DORIS
531 NW 10TH AVENUE
BOYNTON BEACH, FL 33435**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MILLER, HATTIE
1210 N.W. 1ST STREET
BOYNTON BEACH, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P/D
JACKSON, DORIS
531 N.W. 10TH AVE
BOYNTON BEACH, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
WRIGHT, JEWEL
508 N.W. 11TH AVE.
BOYNTON BEACH, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
MCDONALD, JOSEPHUS
556 N.W. 10TH AVE.
BOYNTON BEACH, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Doris Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07 561-732-0333
Date Daytime Phone #