

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90226 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**

**66012808**



**DO NOT WRITE IN THIS SPACE**

05092008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$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 \_\_\_\_\_  
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 September 12, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MILLER, HATTIE
STREET ADDRESS	1210 N.W. 1ST STREET
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	P/D
NAME	JACKSON, DORIS
STREET ADDRESS	531 N.W. 10TH AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	V
NAME	WRIGHT, JEWEL
STREET ADDRESS	508 N.W. 11TH AVE.
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	S
NAME	MCDONALD, JOSEPHUS
STREET ADDRESS	556 N.W. 10TH AVE.
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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* **DORIS JACKSON**

*5/8/08* **5/8/08**

*561-704-9794* **561-704-9794**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #