

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 A
Secretary of State

DOCUMENT # N03000010235

1. Entity Name
POINCIANA COURT ASSOCIATION, INC.



Principal Place of Business
**271-305 SE 22 STREET
FT LAUDERDALE, FL 33316**

Mailing Address
**301 SE 22ND ST
FORT LAUDERDALE, FL 33316**



02052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2040450

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FEENAGHTY, JON M
301 SE 22ND ST
FORT LAUDERDALE, FL 33316**

**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]

JON FEENAGHTY

2/5/2008

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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02/28/08-80050-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TAYLOR, MARK
STREET ADDRESS	271 SE 22ND ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	DV
NAME	ALLISON, TRACE
STREET ADDRESS	275 SE 22 STREET
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	DT
NAME	FEENAGHTY, JON M
STREET ADDRESS	301 SE 22 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	D
NAME	RODRIGUEZ, LUCAS C
STREET ADDRESS	305 SE 22ND ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	DS
NAME	SPENCER, THOMAS F
STREET ADDRESS	273 SE 22 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JON FEENAGHTY

Date

2/5/08

Daytime Phone #

254-723-6554