



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90076 005 ****62.50

DOCUMENT # N04000011333 1. Entity Name POINCIANA HEIGHTS HOMEOWNERS TASK FORCE, INC.					
Principal Place of Business 1903 S.W. 5TH STREET OCALA, FL 34474				Mailing Address 1903 S.W. 5TH STREET OCALA, FL 34474	
2. Principal Place of Business		3. Mailing Address <i>P.O. Box 2112</i>		 02182005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>OCALA, FL</i>			
Zip	Country	Zip <i>34478-2112</i>	Country		
4. FEI Number <i>81-0656118</i>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADDOCK, VERNON D 1903 S.W. 5TH STREET OCALA, FL 34474				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right;">Make check payable to Florida Department of State</div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCHR BRADDOCK, VERNON D 1903 S.W. 5TH STREET OCALA, FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D GORING, DENNIS 1822 SW 6th PL OCALA, FL 34474</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRADDOCK, JACQUELYN Y 1903 S.W. 5TH STREET OCALA, FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WASHINGTON, FRANK JR 2030 S.W. 7TH STTEET OCALA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, BARBARA 2030 S.W. 7TH STTEET OCALA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, ROBERT M 1802 S.W. 5TH PLACE OCALA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORING, FAYE 1822 S.W. 5TH PLACE OCALA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Vernon D. Braddock</i> VERNON D. BRADDOCK <i>2/18/05</i> <i>407-293-7320</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					