

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

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

P.O. BOX 2112
OCALA, FL 34478-2112



02032006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

81-0856118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRADDOCK, VERNON D
1903 S.W. 5TH STREET
OCALA, FL 34474

**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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCHR
NAME	BRADDOCK, VERNON D
STREET ADDRESS	1903 S.W. 5TH STREET
CITY- ST- ZIP	OCALA, FL 34474
TITLE	SD
NAME	BRADDOCK, JACQUELYN Y
STREET ADDRESS	1903 S.W. 5TH STREET
CITY- ST- ZIP	OCALA, FL 34474
TITLE	VD
NAME	WASHINGTON, FRANK JR
STREET ADDRESS	2030 S.W. 7TH STTEET
CITY- ST- ZIP	OCALA, FL
TITLE	D
NAME	WASHINGTON, BARBARA
STREET ADDRESS	2030 S.W. 7TH STTEET
CITY- ST- ZIP	OCALA, FL
TITLE	TD
NAME	THOMAS, ROBERT M
STREET ADDRESS	1802 S.W. 5TH PLACE
CITY- ST- ZIP	OCALA, FL
TITLE	D
NAME	GORING, FAYE
STREET ADDRESS	1822 S.W. 5TH PLACE
CITY- ST- ZIP	OCALA, FL

U00000432082
02/23/06-80055-011 61.25

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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 art address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06

Date

407-293-7320 X19

Daytime Phone #