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FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002712 (5)**

1. Corporation Name

POINCIANA PARK CIVIC ASSOCIATION INC.



Principal Place of Business 304 S.E. 22ST STREET FORT LAUDERDALE FL 33316	Mailing Address 304 S.E. 22ST STREET FORT LAUDERDALE FL 33316
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 05/22/1996	
4. FEI Number 65-0341987	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DETTMANN, RAYMOND L 304 S.E. 22ST STREET FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE RAYMOND L DETTMANN DATE 4/27/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	RAYMOND, DETTMANN L
STREET ADDRESS	304 SE 22 ST
CITY-ST-ZIP	FT. LAUDERDALE FL 33316
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	LISA, PISUT
STREET ADDRESS	500 SE 12 CT
CITY-ST-ZIP	FT LAUDERDALE FL 33315
TITLE	S <input type="checkbox"/> DELETE
NAME	MCKILLOP, JAMES
STREET ADDRESS	201 SW. 21 ST.
CITY-ST-ZIP	FT. LAUDERDALE FL 33316
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	CALLAHAN, NANITA D
STREET ADDRESS	2105 SE 4 AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33316
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BURBULES, LARRY
STREET ADDRESS	209 SE 21 ST
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROLLETT, LARRY
STREET ADDRESS	1950 SE 21 ST
CITY-ST-ZIP	FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP JACK DOREN KOTT
2.3 STREET ADDRESS	2608 N.E. 24ST
2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33314
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T LARRY BURBULES
4.3 STREET ADDRESS	209 S.E. 21ST
4.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33315
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D LISA PISUT
5.3 STREET ADDRESS	500 S.E. 12CT
5.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33315
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RAYMOND L DETTMANN DATE 4/27/98 954-72-4957

CR2E037 (10/97)