


FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002712

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 301 S.E. 23 ST.		26 P.O. B 22008		05/22/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 FT. LAUDERDALE FL.		27 FT. LAUDERDALE FL.		65-0341987	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23 33316		28 33335-2008		8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
24		25		29	
30				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

DETMANN, RAYMOND L
304 S.E. 22ST STREET
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name	FRANCIS X. ARANGO	
82 Street Address (P.O. Box Number is Not Acceptable)	#01 S.E. 23 ST.	
83		
84 City	FT. LAUDERDALE	85 Zip Code
	FL	33316

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 *Francis X. Arango* (NOTE: Registered Agent signature required when reinstating) DATE 1/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND, DETMANN L	1.2 NAME	P
STREET ADDRESS	304 SE 22 ST	1.3 STREET ADDRESS	LISA J. PISUT
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	500 S.E. 12 CT
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	FT. LAUDERDALE FL 33316 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORENKOTT, J	2.2 NAME	SAME AS BEFORE
STREET ADDRESS	2608 NE 24 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD FL 33315	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKILLOP, JAMES	3.2 NAME	JAN MEISTER
STREET ADDRESS	201 SW. 21 ST.	3.3 STREET ADDRESS	312 S.E. 23 ST.
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	3.4 CITY-ST-ZIP	FT LAUDERDALE FL. 33316 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURBULES, L	4.2 NAME	FRANCIS X. ARANGO
STREET ADDRESS	209 SE 2155	4.3 STREET ADDRESS	301 S.E. 23 ST
CITY-ST-ZIP	FT LAUDERDALE FL 33316	4.4 CITY-ST-ZIP	FT LAUDERDALE FL. #33316
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISUT, L	5.2 NAME	KAY JENKINS
STREET ADDRESS	500 SE 12 CT	5.3 STREET ADDRESS	1543 S.E. 12 CT.
CITY-ST-ZIP	FT LAUDERDALE FL 33315	5.4 CITY-ST-ZIP	FT. LAUDERDALE FL. 33316
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLETT, LARRY	6.2 NAME	MARION SEGAL
STREET ADDRESS	1950 SE 21 ST	6.3 STREET ADDRESS	1950 S.E. 21 AVE.
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	FT. LAUDERDALE FL. #33316

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

1/28/99 954-523-8702