

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90162 015 \*\*\*\*61.25

C0006286



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N96000002712**

1. Entity Name

**POINCIANA PARK CIVIC ASSOCIATION INC.**

Principal Place of Business

Mailing Address

**301 N.E. 23 STREET  
FORT LAUDERDALE FL 33316**

**P.O. BOX 22008  
FORT LAUDERDALE FL 33335-2008**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0341987**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARANGO, FRANCIS X  
301 S.E. 23 STREET  
FORT LAUDERDALE FL 33316**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PISUT, LISA J</b> <b>500 S.E. 12 COURT</b> <b>FT. LAUDERDALE FL 33316</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DORENKOTT, J</b> <b>2608 NE 24 ST</b> <b>FT LAUD FL 33315</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MEISTER, JAN</b> <b>312 S.E. 23 STREET</b> <b>FT. LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ARANGO, FRANCIS X</b> <b>301 S.E. 23 STREET</b> <b>FT LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JENKINS, KAY</b> <b>1543 S.E. 12 COURT</b> <b>FT LAUDERDALE FL 33316</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEGAL, MARION</b> <b>1950 SE 21 ST</b> <b>FT LAUDERDALE FL 33316</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MR. RAYMOND DETTMANN</b> <b>1900 MIAMI ROAD</b> <b>FT. LAUDERDALE FL. 33316</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP.</b> <b>MR. LARRY HAYES</b> <b>20 SE. 20 ST</b> <b>ET LAUDERDALE FL. 33316</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MR. CLIFF SWEARINGER</b> <b>1811 SE. 3RD AVE</b> <b>FT. LAUDERDALE FL. 33316</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR. WILLIAM SHUMPERT</b> <b>1800 S.E. 3RD AVE</b> <b>FT. LAUDERDALE FL. 33316</b>	<input type="checkbox"/> Change <input checked="" 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:

**Francis X Arango**  
TREASURER

**1/8/2000**

**954-523-8721**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)