

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State
 03-27-2002 90079 039 ****61.25

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

**VILLANI, DAN
 1400 SOUTH FEDERAL HIGHWAY
 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **VILLANI, DAN**
 CITY-ST-ZIP **1408 SOUTH FEDERAL HIGHWAY
 FT. LAUDERDALE FL 33316**

TITLE ☐ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **KARL GLOECKNER**
 CITY-ST-ZIP **101 S.E. 19 STREET
 FORT LAUDERDALE, FL 33316**

TITLE ☒ Delete
 NAME **VP**
 STREET ADDRESS **DETTMAN, RAY**
 CITY-ST-ZIP **1908 SOUTH MIAMI ROAD
 FT. LAUDERDALE FL 33316**

TITLE ☐ Change ☒ Addition
 NAME **S**
 STREET ADDRESS **JAN MEISTER**
 CITY-ST-ZIP **312 S.E. 23 STREET, B.
 FORT LAUDERDALE, FL 33316**

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **ROLLET, LARRY**
 CITY-ST-ZIP **1950 SE 21 AVENUE
 FT. LAUDERDALE FL 33316**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **JUDY BAIR**
 CITY-ST-ZIP **304 S.E. 23 STREET
 FORT LAUDERDALE, FL 33316**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **GLOEXNER, SUSAN**
 CITY-ST-ZIP **100 S.E. 19 STREET
 FT LAUDERDALE FL 33311**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **KATHLEEN IRELAND**
 CITY-ST-ZIP **114 S.E. 13 STREET
 FORT LAUDERDALE, FL 33316**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **FLEMING, JOHN**
 CITY-ST-ZIP **1322 S.E. 1ST AVE.,
 FT LAUDERDALE FL 33316**

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **SUSAN GLOECKNER**
 CITY-ST-ZIP **101 S.E. 19 STREET
 FORT LAUDERDALE, FL 33316**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GAGLIANO, RUSS**
 CITY-ST-ZIP **1527 S.W. 1ST AVE
 FT LAUDERDALE FL 33316**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)