

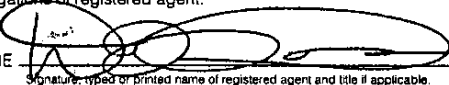
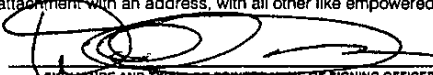


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90011 006 \*\*\*\*70.00

<b>DOCUMENT # N96000002712</b> 1. Entity Name <b>POINCIANA PARK CIVIC ASSOCIATION INC.</b>					
Principal Place of Business <b>101 SE 19TH ST FORT LAUDERDALE, FL 33316</b>			Mailing Address <b>P.O. BOX 22008 FORT LAUDERDALE, FL 33335-2008</b>		
2. Principal Place of Business <b>209 SE 21<sup>ST</sup> ST.</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>FT. LAUDERDALE, FL</b>		City & State  		4. FEI Number <b>65-0341987</b>	
Zip <b>33316</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VILLANI, DAN 1400 SOUTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33316</b>				7. Name and Address of New Registered Agent Name <b>LED BETTER, DWIGHT</b> Street Address (P.O. Box Number is Not Acceptable) <b>209 SE 21 ST</b> City <b>FT. LAUDERDALE FL</b> Zip Code <b>33316</b>	
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  <b>DJ PARKER, TREASURER</b> <b>3/14/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRENG, LARRY 1408 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NELSON, JUDY</b> <b>304 SE 23 STREET</b> <b>FT. LAUDERDALE, FL 33316</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLOECKNER, KARL 101 S.E. 19 STREET FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LED BETTER, DWIGHT</b> <b>209 SE 21 STREET</b> <b>FT. LAUDERDALE, FL 33316</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEISTER, JAN 809 SW 4TH AVE FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEISTER, JAN</b> <b>401 SE 20 STREET</b> <b>FT. LAUDERDALE, FL 33316</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLOECKNER, SUSAN 100 S.E. 19 STREET FT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PARKER, DJ</b> <b>209 SE 21<sup>ST</sup> STREET</b> <b>FT. LAUDERDALE, FL 33316</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, JUDY 304 S.E. 23 STREET FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEITMAN, RAYMOND</b> <b>1900 S. MIAMI RD</b> <b>FT. LAUDERDALE, FL 33311</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRELAND, KATHLEEN 114 SE 13 STREET FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IRELAND, KATHLEEN</b> <b>201 SE 13 STREET</b> <b>FT. LAUDERDALE, FL 33316</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.					
SIGNATURE:  <b>DJ PARKER, TREASURER</b> <b>3/14/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					