

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006024

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** POINCIANA HEIGHTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

345 4TH ST. SOUTH  
NAPLES, FL 34102 US

**New Principal Place of Business:**

3050 N. HORSEHOE DR.  
172  
NAPLES, FL 34104 US

**Current Mailing Address:**

345 4TH ST. SOUTH  
NAPLES, FL 34102 US

**New Mailing Address:**

3050 N. HORSEHOE DR.  
172  
NAPLES, FL 34104 US

**FEI Number:** 65-0749210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CURTIN, DAVID M  
345 4TH STREET SOUTH  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BINDER, BURTON A  
Address: 1155 4TH ST. SO  
City-St-Zip: NAPLES, FL

Title: DP ( ) Delete  
Name: CURTIN, DAVID  
Address: 345 4TH STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: FOX, SHARON  
Address: 335 4TH STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: ANDERSON, GAIL  
Address: 420 3RD AVE. S.  
City-St-Zip: NAPLES, FL 34102

Title: D (X) Delete  
Name: HOGAN, ANNE  
Address: 325 4TH ST. S.  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ANDERSON, GAIL A  
Address: 420 3RD AVE. SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HOGAN, ANNE  
Address: 325 4TH ST. S.  
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE CURTIN

PD

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date