


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90441 044 ****61.25

DOCUMENT # N98000004135 1. Entity Name POINCIANA PARC MASTER ASSOCIATION, INC.					
Principal Place of Business C/O MIAMI MANAGEMENT 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 US			Mailing Address C/O MIAMI MANAGEMENT 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0856391	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KATZMAN & KORR 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROUSER, HENRY 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTILLO, VERONICA 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COKE, ASHLEY 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GROHOWSKI, DEE 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERZBERG, MICHAEL 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAIMOND, MARTY 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D-DON ASTON 1145 SAWGRASS CORP PARKWAY SUNRISE, FL 33323		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
VD-BEST, JEFF 1145 SAWGRASS CORP PARKWAY SUNRISE, FL 33323		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TD DIAMOND, MARTY 1145 SAWGRASS CORP PARKWAY SUNRISE, FL 33323		<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: <u>X Henry Crouser</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>4/10/06</u> Daytime Phone #: <u>954 846 7545</u>	

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