

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90067 045 ***150.00

DOCUMENT # P95000039732

1. Corporation Name

POINCIANA REALTY & CONSTRUCTION, INC.

Principal Place of Business

60 CORDONA DRIVE
KISSIMMEE FL 34758

Mailing Address

PO BOX 423159
KISSIMMEE FL 34742
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1995

4. FEI Number

59-3315538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 316 N. BERMUDA AVE

Suite, Apt. #, etc.

22 SUITE 13

City & State

23 KISSIMMEE, FL

Zip

24 34741

Country

25 USA

2a. Mailing Address

26 3500 WOODBERRY CT

Suite, Apt. #, etc.

27

City & State

28 KISSIMMEE, FL

Zip

29 34746

Country

30 USA

9. Name and Address of Current Registered Agent

COUCH, DAVID
60 CORDONA DRIVE
KISSIMMEE FL 34758

10. Name and Address of New Registered Agent

81 Name

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

83 3500 WOODBERRY COURT

84 City

KISSIMMEE

85 State

FL

Zip Code

34746

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME COUCH, DAVID
STREET ADDRESS 60 CORDONA DRIVE
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE ☐ DELETE

NAME COUCH, HEIDI
STREET ADDRESS 60 CORDONA DRIVE
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 3500 WOODBERRY CT.
1.4 CITY-ST-ZIP KISSIMMEE, FL 34746

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 3500 WOODBERRY CT.
2.4 CITY-ST-ZIP KISSIMMEE, FL 34746

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

3-1799 401 8461311

CR2E034 (11/98)