FILE NOW: FILING FEE IS $61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003695 (3)**

1. Corporation Name

POINCIANA RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
700 NORTH WICKHAM ROAD SUITE 200 MELBOURNE FL 32935	PO BOX 201 % ROY SCHACHT AGUADA PR 00602-0201 US

3. Date Incorporated or Qualified: 07/25/1994
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business
21 P.O. Box 410247
22 Suite, Apt. #, etc.
23 City & State: Melbourne, FL
24 Zip: 32941-0247 25 Country: Brevard

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 59-3305055 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RENFRO, ROBERT M
~~700 NORTH WICKHAM ROAD~~
~~SUITE 200~~
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name: RENFRO, ROBERT M.
82 Street Address (P.O. Box Number Is Not Acceptable): 642 CORAL LANE
83
84 City: MELBOURNE FL 85 Zip Code: 32940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] 4/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHACHT, ROY A		1.2 NAME		
STREET ADDRESS	KM19, ROAD 115		1.3 STREET ADDRESS		
CITY-ST-ZIP	AGUADA PR		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	RENFRO, ROBERT M.		2.2 NAME	RENFRO, ROBERT M.	
STREET ADDRESS	~~700 NORTH WICKHAM ROAD, SUITE 200~~		2.3 STREET ADDRESS	642 CORAL LANE	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WALTS, C C		3.2 NAME		
STREET ADDRESS	1340 S.W. SHORELINE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roy Schacht ROY SCHACHT 3/6/97 787/868-2495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076152