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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N94000003695

1. Corporation Name
POINCIANA RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~PO BOX 410247~~	~~PO BOX 201~~
~~SUITE 200~~	~~% ROY SCHACHT~~
~~MELBOURNE FL 32941-0247~~	~~AGUADA PR 00602~~
~~US~~	~~US~~

2. Principal Place of Business 21 2100 Santa Lucia Cir. 22 Suite, Apt. #, etc. 23 City & State: Melbourne, FL. 24 Zip 32935 25 Country US	2a. Mailing Address 26 2100 Santa Lucia Cir. 27 Suite, Apt. #, etc. 28 City & State: Melbourne, FL. 29 Zip 32935 30 Country US	3. Date Incorporated or Qualified 07/25/1994 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

SIGN HERE

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~RENFRO, ROBERT M~~ ~~642 DORAL LANE~~ ~~MELBOURNE FL 32935~~	81 Name: Loretta Hand 82 Street Address (P.O. Box Number is Not Acceptable): 2100 Santa Lucia Cir 83 84 City: Melbourne, FL 85 Zip Code: 32935

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: Loretta Hand — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~ ☒ DELETE	1.1 TITLE	D, P ☒ Change ☐ Addition
NAME	~~SCHACHT, ROY A~~	1.2 NAME	Loretta Hand
STREET ADDRESS	~~KM19, ROAD 115~~	1.3 STREET ADDRESS	2100 Santa Lucia Cir
CITY-ST-ZIP	~~AGUADA PR~~	1.4 CITY-ST-ZIP	Melbourne, FL. 32935
TITLE	~~D~~ ☒ DELETE	2.1 TITLE	D, S ☒ Change ☐ Addition
NAME	~~RENFRO, ROBERT M.~~	2.2 NAME	THELMA HOOD
STREET ADDRESS	~~642 DORAL LANE~~	2.3 STREET ADDRESS	2115 Santa Lucia Cir
CITY-ST-ZIP	~~MELBOURNE FL~~	2.4 CITY-ST-ZIP	Melbourne, FL. 32935
TITLE	~~D~~ ☒ DELETE	3.1 TITLE	D, T ☒ Change ☐ Addition
NAME	~~WALTS, C C~~	3.2 NAME	Ray DeCosta
STREET ADDRESS	~~1340 S.W. SHORELINE DRIVE~~	3.3 STREET ADDRESS	2167 Santa Lucia Circle
CITY-ST-ZIP	~~PALM CITY FL 34990~~	3.4 CITY-ST-ZIP	Melbourne, FL 32935
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	

SIGN HERE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 mpowered.

SIGNATURE: Loretta Hand — D — 4-24-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)