2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State
02-21-2000 90022 041 ****61.25

DOCUMENT # N94000003695

1. Entity Name

POINCIANA RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2100 SANTA LUCIZ CIR. MELBOURNE FL 32935 US	2100 SANTA LUCIZ CIR. MELBOURNE FL 32935-2181 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2100SANTA LUCIA CIR. Suite, Apt. #, etc.	2100 SANTA LUCIA CIR. Suite, Apt. #, etc.
City & State: MELBOURNE, FL.	City & State: MELBOURNE, FL.
Zip: 32935 Country: USA	Zip: 33935 Country: USA

4. FEI Number 59-3305055 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAND, LORETTA
2100 SANTA LUCIZ CIR.
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAND, LORETTA 2100 SANTA LUCIZ CIR MELBOURNE FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HOOD, THELMA 2115 SANTA LUCIZ CIR MELBOURNE FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DECOSTA, RAY 2167 SANTA LUCIZ CIR MELBOURNE FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: Loretta Hand SIGNATURE REQUIRED 2-12-2000 407 752 5149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #