

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91398 013 ****61.25

DOCUMENT # 755533

1. Entity Name

POINCIANA TOWNHOMES OWNERS ASSO, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

96 FRANK KNEGO
Suite, Apt. #, etc.

3. Mailing Address

4503 POINCIANA ST.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAUDERDALE BY THE SEA

City & State

FL

4. FEI Number

59-2395658

Applied For

Not Applicable

Zip

33308-3517

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

FRANK KNEGO

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

4503 POINCIANA ST.

City

LAUDERDALE BY THE SEA FL

Zip Code

33308

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
FRANK KNEGO
4503 POINCIANA ST FL
LAUDERDALE BY THE SEA 33308*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*VD
RICHARD J. GETZE
4513 POINCIANA ST.
LAUDERDALE BY THE SEA 33308*

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 9544890566

Date

Daytime Phone #

CR2E037B (12/02)