#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 723528** 

Entity Name: ASSOCIATION OF POINCIANA VILLAGES, INC.

**FILED** Apr 09, 2019 **Secretary of State** 9323972633CC

# **Current Principal Place of Business:**

401 WALNUT ST POINCIANA, FL 34759

# **Current Mailing Address:**

**401 WALNUT ST** 

POINCIANA, FL 34759 US

FEI Number: 59-1514293 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

MALDONADO, MARK 401 WALNUT ST POINCIANA, FL 34759 US

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: MARK MALDONADO-SERRANO 04/09/2019

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

Title **PRESIDENT** Title VICE PRESIDENT MARTIN, GARY Name GRATOPP, FELIX Name **401 WALNUT ST** Address **401 WALNUT ST** Address

City-State-Zip: POINCIANA FL 34759 POINCIANA FL 34759 City-State-Zip:

Title MANAGER, LCAM Title SECRETARY/TREASURER Name MALDONADO, MARK Name DREXEL, EDWARD Address **401 WALNUT ST** Address **401 WALNUT ST** POINCIANA FL 34759 City-State-Zip: City-State-Zip: POINCIANA FL 34759

Title ASST. SECRETARY /ASST.

**TREASURER** Name MERALI, SHANE

Address **401 WALNUT STREET** City-State-Zip: POINCIANA FL 34759

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

04/09/2019 SIGNATURE: GARY MARTIN **PRESIDENT**