

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723528

**Entity Name:** ASSOCIATION OF POINCIANA VILLAGES, INC.

**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**

**03/13/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	ASST. SECRETARY, /TREASURER
Name	MERALI, SHIENE	Name	HAUGH, JOEL
Address	401 WALNUT ST	Address	401 WALNUT ST
City-State-Zip:	POINCIANA FL 34759	City-State-Zip:	KISSIMMEE FL 34759
Title	SECRETARY/TREASURER	Title	MANAGER, LCAM
Name	DREXEL, EDWARD	Name	MALDONADO, MARK
Address	401 WALNUT ST	Address	401 WALNUT ST
City-State-Zip:	POINCIANA FL 34759	City-State-Zip:	POINCIANA FL 34759
Title	VP	Title	DIRECTOR
Name	GRATOPP , FELIX	Name	MADRIGAL, EDUARDO
Address	401 WALNUT ST	Address	401 WALNUT ST
City-State-Zip:	KISSIMMEE FL 34759	City-State-Zip:	POINCIANA FL 34759
Title	DIRECTOR		
Name	PEREZ, CELMA		
Address	401 WALNUT ST		
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.*

**SIGNATURE: MARK MALDONADO**

**GENERAL MANAGER**

**03/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date