## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 723528** 

Entity Name: ASSOCIATION OF POINCIANA VILLAGES, INC.

FILED
Mar 05, 2024
Secretary of State
1391155934CC

Date

## **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 03/05/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

TitleSECRETARY, /TREASURERTitleMANAGER, LCAMNameHAUGH, JOELNameMALDONADO, MARKAddress401 WALNUT STAddress401 WALNUT ST

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

Title DIRECTOR Title **PRESIDENT** Name PEREZ, CELMA Name MADRIGAL, EDUARDO Address **401 WALNUT ST** Address **401 WALNUT ST** POINCIANA FL 34759 City-State-Zip: City-State-Zip: POINCIANA FL 34759

Title VP Title ASST SECRETARY/TREASURER

Name CAMPOS, PABLO Name KOBTI, ZIAD

Address 401 WALNUT ST Address 401 WALNUT ST

City-State-Zip: POINCIANA FL 34759

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City-State-Zip: POINCIANA FL 34759

City-State-Zip: POINCIANA FL 3

Title DIRECTOR

Name SHURBA, STEVE

City-State-Zip: POINCIANA FL 34759

Address

**401 WALNUT ST** 

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 SERRANO GENERAL MANAGER 03/05/2024