2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 02, 2006 8:00 am Secretary of State **DOCUMENT #755533** 05-02-2006 90155 009 ****61.25 POINCIANA TOWNHOMES OWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business % CAROL HAPP % CAROL HAPP 4475 POINCIANA STREET 4475 POINCIANA STREET LAUDERDALE BY THE SEA, FL 33308-3517 US LAUDERDALE BY THE SEA, FL 33308-3517 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112006 Cha-NP CR2E037 (11/05) Applied For City & State City & State FEI Number 59-2395658 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALAN ROBINS CHRISTLIEB, JEFF Street Address (P.O. Box Number is Not Acceptable) 4503 POINCIANA ST LAUDERDALE BY THE SEA, FL 33308 4479 POINCIANA ST. Zip Code 33308 LAUDERDALE BY THE SEA F 8. The above named entity submits tylis systement 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 ager SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD PD Delete Change . ☐ Addition TITLE MILE ALAN ROBINS CHRISTLIEB, JEFF NAME NAME POINCIANA ST. 4503 POINCIANA ST STREET ADDRESS 4479 STREET ADORESS FL 33308 LAUDERDALE BY THE SEA, FL 33308 CITY-ST-ZIP CITY-ST-ZP LANDERDALE BY THE SEA TITLE VD ☐ Delete TITLE FRAZER, JOANNE NAME **4501 POINCIANA STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308 CITY-ST-ZIP STD ☐ Change ☐ Addition ☐ Detete HAPP, CAROL NAME NAME STREET ADDRESS 4475 POINCIANA STREET STREET ADDRESS CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

mne

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

TILLE

NAME STREET ADDRESS

TILE NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO

Delete

Delete

☐ Delete

Channe

☐ Change

Change

☐ Addition

☐ Addition

☐ Addition

FILED