

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758228

FILED
Apr 19, 2007
Secretary of State

Entity Name: POINCIANA VILLAGE NINE ASSOCIATION, INC.

Current Principal Place of Business:

LELAND MANAGMENT
8009 SOUTH ORANGE AVE
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

LELAND MANAGMENT
8009 SOUTH ORANGE AVE
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 59-2224138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 SOUTH ORNAGE AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STONE, RICHARD
Address: 213 ALBATROSS WAY
City-St-Zip: KISSIMMEE, FL 34758

Title: VPD () Delete
Name: DUFRANE, PATRICIA
Address: 312 MORGAN WAY
City-St-Zip: KISSIMMEE, FL 34758

Title: STD () Delete
Name: GRUBBS, DON
Address: 308 MORGAN WAY
City-St-Zip: KISSIMMEE, FL 34758

Title: D () Delete
Name: TURLEY, VALERIE
Address: 206 ALBATROSS WAY
City-St-Zip: KISSIMMEE, FL 34758

Title: D (X) Delete
Name: KLEIN, JOSEPH
Address: 301 EVANDEE COURT
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CARPENTER, JEROME J
Address: 2704 RIVKIN DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: STR (X) Change () Addition
Name: TURLEY, VALERIE A
Address: 206 ALBATROSS WAY
City-St-Zip: KISSIMMEE, FL 34758

Title: D (X) Change () Addition
Name: RAITH, MARY
Address: 202 ELLSWORTH DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD STONE

PD

04/19/2007

Electronic Signature of Signing Officer or Director

Date