2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# 758228

Entity Name: POINCIANA VILLAGE NINE ASSOCIATION, INC.

Current Principal Place of Business:

LELAND MANAGMENT
5955 T.G. LEE BLVD SUITE 300
ORLANDO, FL 32822 US

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 US

Current Mailing Address:

LELAND MANAGMENT
5955 T.G. LEE BLVD SUITE 300
ORLANDO, FL 32822 US

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 US

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
5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 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: _____ 04/19/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARPENTER, JEROME
Address: 2704 RIVKIN DR
City-St-Zip: KISSIMMEE, FL 34758

Title: VPD ( ) Delete
Name: TALIENTO, MARK J
Address: 1610 EAST VINE ST
City-St-Zip: KISSIMMEE, FL 34741

Title: STR ( ) Delete
Name: STULLER, GENE
Address: 2704 CRANMOOR DR
City-St-Zip: KISSIMMEE, FL 34758

Title: D ( ) Delete
Name: RAITH, ROBERT
Address: 2702 CRANMMOR DR
City-St-Zip: KISSIMMEE, FL 34758

Title: D ( ) Delete
Name: ZAYES, FREDDY
Address: 2714 RIVKIN DR
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JEROME J CARPENTER PD 04/19/2009
Electronic Signature of Signing Officer or Director — Date