2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 758228

1. Entity Name

CITY-ST-ZIP

POINCIANA VILLAGE NINE ASSOCIATION, INC.



FILED Jan 31, 2003 8:00 am **Secretary of State**

01-31-2003 90156 048 ****61.25

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Principal Pla	ce of Business	Mailing Address	······································	·					
C/O KATHY LINDVIO/H & R BLOCK 200 EAST MONUMENT AVENUE. SUITE A KISSIMMEE FL 34741 US 2. Principal Place of Business //O Becky Langford/H+R Block Suite, Apt. #, etc. Suite A City & State KISSIMMEE FL.							Elen elen ele n ele		
		3. Mailing Address	3. Mailing Address 200 East Monument Aug. Suite, Apt. #, etc. Suite A			CHECK HERE IF MAKING CHANGES			
		City & State KISSIMME	City & State Kissimmee. FL.		4. FEI Number 59-2224138		<u> </u>	plied For ot Applicable	
Zip 3475	Country OSceola	Zip 34741	Country OSC CO	10	5. Certificate of Stat	tus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Curr	ent Registered Agent			7. Name and Addre	ess of New Register	ed Agent		
_	and make to the reflection of the second		. Name	2					
BROWN, 401 WAL	, rockell Inut st		Street		ddress (P.O. Box Number is Not Acceptable)				
	NA FL 34759						17.6		
			City			F	Zip Code	е	
the obliga	e named entity submits his statemen tions of registered agent.	nt for the purpose of changir	ng its registered office	or register	ed agent, or both, in th	ne State of Florida. I a	ım familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered Agent sig	not so rensisan					
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

EQUANTAM E HONAR 407 846 A186