

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768273

FILED
Mar 12, 2008
Secretary of State

Entity Name: POINSETTIA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4701 BALLARD RD
FORT MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

4701 BALLARD RD
FORT MYERS, FL 33905 US

New Mailing Address:

FEI Number: 59-2353965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, THOMAS
1625 HENDRY STREET
FORT MYERS, FL 33901 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: P () Delete
Name: ZEITER, RICHARD
Address: 284 POINSETTIA DR W
City-St-Zip: FORT MYERS, FL 33905

Title: VP () Delete
Name: ROBERT, DONALD
Address: 132 GRANADA
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: DANIELS, MEL
Address: 24 POINSETTIA DR S
City-St-Zip: FORT MYERS, FL 33905

Title: T () Delete
Name: BOUDREAU, CLAIRE
Address: 145 GRANADA
City-St-Zip: FORT MYERS, FL 33905

Title: S () Delete
Name: DIXON, ROGER
Address: 20POINSETTIA DR
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: SIMES, WILLIAM
Address: 4 POINSETTIA DR
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: DIXON, ROGER
Address: 20 POINSETTIA DRIVE
City-St-Zip: FORT MYERS, FL 33905

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

Title: D (X) Change () Addition
Name: SULLIVAN, JOHN
Address: 267 POINSETTIA DRIVE
City-St-Zip: FORT MYERS, FL 33905

Title: D (X) Change () Addition
Name: CARPENTER, ELAINE
Address: 99A POINSETTIA DRIVE
City-St-Zip: FORT MYERS, FL 33905

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: CLAIRE BOUDREAU

T

03/12/2008

Electronic Signature of Signing Officer or Director

Date