

FILE NOW: FILING FEE IS \$61.25.

Amended

NONPROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N01395 (5)

1. Corporation Name

POINCIANA HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

670 Patricia A. Orr
633 Fisher Court
Kissimmee, FL 34759

Mailing Address

Patricia A. Orr
633 Fisher Court
Kissimmee, FL 34759

FILED

97 JUL 31 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified

02/10/1984

3a. Date of Last Report

04/30/1997

4. FEI Number

59-2849152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

Mendelson, Edward D.
608 Estrada Lane
Poinciana, FL 34758

10. Name and Address of New Registered Agent

81 Name Patricia A. Orr

82 Street Address (P.O. Box Number is Not Acceptable)

83 Kissimmee, FL 34759

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Patricia A. Orr

(NOTE: Registered Agent signature required when resigning)

July 7, 1997

12. OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PP Haynes, Leroy
652 Jaguar Court
Poinciana, FL 34759 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VD Collins, Thomas
643 Mesilla Dr.
Poinciana, FL 34758 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
SD Quilit, Doreen R
116 Whitehall Way
Poinciana, FL 34759 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
TD Mendleson, Edward D
608 Estrada Lane
Poinciana, FL 34758 ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
D Watson, Armin
707 Toltec Place
Poinciana, FL 34758 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
D Missick, Irwin
671 Heraldo Court
Poinciana, FL 34758 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition
600002257896--1
-08/05/97--01046--015
*****61.25 *****61.25

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
TD Patricia A. Orr
633 Fisher Court
Kissimmee, FL 34759 ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia A. Orr
July 7, 1997
Date Daytime Phone # 941-427-1106

CR2E037 (9/96)