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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01395** (5)

1. Corporation Name

POINCIANA HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% PATRICK A. ORR
633 FISHER COURT
KISSIMMEE FL 34759

% PATRICK A. ORR
633 FISHER COURT
KISSIMMEE FL 34759



3. Date Incorporated or Qualified

02/10/1984

4. FEI Number

59-2849152

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORR, PATRICIA A
633 FISHER COURT
KISSIMMEE FL 34759

81 Name

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

83

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan 08, 1998
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD HAYNES, LEROY**
STREET ADDRESS **652 JAQUAR COURT**
CITY-ST-ZIP **POINCIANA FL 34759**

TITLE ☐ DELETE

NAME **VD COLLINS, THOMAS**
STREET ADDRESS **643 MESILLA DR.**
CITY-ST-ZIP **POINCIANA FL 34758**

TITLE ☐ DELETE

NAME **SD QUILT, DOREEN R**
STREET ADDRESS **116 WHITEHALL WAY**
CITY-ST-ZIP **POINCIANA FL 34759**

TITLE ☐ DELETE

NAME **TD ORR, PATRICIA A**
STREET ADDRESS **633 FISHER COURT**
CITY-ST-ZIP **KISSIMMEE FL 34759**

TITLE ☐ DELETE

NAME **D WATSON, ARNIM**
STREET ADDRESS **707 TOLTEC PLACE**
CITY-ST-ZIP **POINCIANA FL 34758**

TITLE ☐ DELETE

NAME **D MISSICK, IRWIN**
STREET ADDRESS **671 HERALDO COURT**
CITY-ST-ZIP **POINCIANA FL 34758**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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:

Patricia A. Orr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)