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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01395

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

2. Principal Place of Business 21 c/o ZORAIDA CLARK 22 Suite, Apt. #, etc. 849 MENDOZA DRIVE 23 City & State POINCIANA, FLORIDA 24 Zip 34758 25 Country USA	2a. Mailing Address 26 c/o ZORAIDA CLARK 27 Suite, Apt. #, etc. 849 MENDOZA DRIVE 28 City & State POINCIANA, FLORIDA 29 Zip 34758 30 Country USA	3. Date Incorporated or Qualifed 02/10/1984 4. FEI Number 59-2849152 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ORR, PATRICIA A
633 FISHER COURT
KISSIMMEE FL 34759

10. Name and Address of New Registered Agent

81 Name CLARK, ZORAIDA
82 Street Address (P.O. Box Number is Not Acceptable) 849 MENDOZA DRIVE
83
84 City POINCIANA FL 85 Zip Code 34758

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 Zoraida M. Clark ZORAIDA CLARK Feb 17, 1999
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAYNES, LEROY 652 JAQUAR COURT POINCIANA FL 34759	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD COLLINS, THOMAS 643 MESILLA DR. POINCIANA. FL. 34758	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COLLINS, THOMAS 643 MESILLA DR. POINCIANA FL 34758	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD HAYNES, LEROY 652 JAQUAR COURT POINCIANA, FL. 34759	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD QUILIT, DOREEN R 116 WHITEHALL WAY POINCIANA FL 34759	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ORR, PATRICIA A 633 FISHER COURT KISSIMMEE FL 34759	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD CLARK, ZORAIDA 849 MENDOZA DRIVE POINCIANA, FL. 34758	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATSON, ARNIM 707 TOLTEC PLACE POINCIANA FL 34758	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MISSICK, IRWIN 671 HERALDO COURT POINCIANA FL 34758	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D MISSICK, MILDRED 671 HERALDO COURT POINCIANA, FL. 34758	☑ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Thomas A. Collins THOMAS A. COLLINS Feb 17, 1999 (407)933-4766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #