

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01395

1. Entity Name

POINCIANA HOMEOWNER'S ASSOCIATION, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90060 039 ****61.25

Principal Place of Business

Mailing Address

C/O ZORAIDA CLARK
849 MENDOZA DR
POINCIANA FL 34758

C/O ZORAIDA CLARK
849 MENDOZA DR
POINCIANA FL 34758-3412



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o KATHERINE KRAUS

3. Mailing Address

c/o KATHERINE KRAUS

Suite, Apt. #, etc.

114 BIANCA COURT

Suite, Apt. #, etc.

114 BIANCA COURT

City & State

POINCIANA, FL.

City & State

POINCIANA, FL.

4. FEI Number

59-2849152

Applied For

Not Applicable

Zip

34758

Country

USA

Zip

34758

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, ZORAIDA
849 MENDOZA DRIVE
POINCIANA FL 34758

Name
KRAUS, KATHERINE

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

114 BIANCA COURT

City

POINCIANA,

FL

Zip Code

34758

8. 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 Katherine Kraus KATHERINE KRAUS APRIL 7th, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME COELINS, THOMAS
STREET ADDRESS 643 MESILLA DR.
CITY-ST-ZIP POINCIANA FL 34758

TITLE PD ☒ Change ☐ Addition
NAME HAYNES, LEROY
STREET ADDRESS 652 JAQUAR COURT
CITY-ST-ZIP POINCIANA, FL 34759

TITLE VD ☒ Delete
NAME HAYNES, LEROY
STREET ADDRESS 652 JAQUAR COURT
CITY-ST-ZIP POINCIANA FL 34759

TITLE VD ☒ Change ☐ Addition
NAME VIS, HERMAN
STREET ADDRESS 654 MADRID DRIVE
CITY-ST-ZIP POINCIANA, FL 34758

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

TITLE SD ☒ Change ☐ Addition
NAME MURRAY, DARLENE
STREET ADDRESS 36 CHIP COURT
CITY-ST-ZIP POINCIANA, FL 34759

TITLE TD ☒ Delete
NAME CLARK, ZORAIDA
STREET ADDRESS 849 MENDOZA DRIVE
CITY-ST-ZIP POINCIANA FL 34759

TITLE TD ☒ Change ☐ Addition
NAME KRAUS, KATHERINE
STREET ADDRESS 114 BIANCA COURT
CITY-ST-ZIP POINCIANA, FL 34758

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MISSICK, MILDRED
STREET ADDRESS 671 HERALDO COURT
CITY-ST-ZIP POINCIANA FL 34758

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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.

SIGNATURE: LEROY HAYNES LEROY HAYNES

APRIL 7th, 2000

941-427-0699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)