

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90673 007 ****70.00

DOCUMENT # N01395 1. Entity Name POINCIANA HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business C/O KATHERINE KRAUS 114 BIANCA CT POINCIANA, FL 34758 US		Mailing Address C/O KATHERINE KRAUS 114 BIANCA CT POINCIANA, FL 34758 US	
2. Principal Place of Business c/o Ivy Schuler Suite, Apt. #, etc. 901 Dartmouth Ct City & State Kissimmee, FL Zip 34758-3171 Country Osceola		3. Mailing Address c/o Ivy Schuler Suite, Apt. #, etc. 901 Dartmouth Ct City & State Kissimmee, FL Zip 34758-3171 Country Osceola	
4. FEI Number 59-2849152		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAUS, KATHERINE 114 BIANCA CT POINCIANA, FL 34758		7. Name and Address of New Registered Agent Name Ivy Schuler Street Address (P.O. Box Number is Not Acceptable) 901 Dartmouth Ct City Kissimmee FL Zip Code 34758-3171	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Ivy Schuler</u> <u>Ivy Schuler</u> <u>4/27/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULER, IVY 722 BEAR WAY KISSIMMEE, FL 34759	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HATCHER, WALTER 602 CADDY DRIVE KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JIMENEZ, ELIZABETH 606 KOAIA COURT KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRAUS, KATHERINE 114 BIANCA COURT KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, ARNIM 707 TOLTEC PLACE POINCIANA, FL 34758	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ivy Schuler 901 Dartmouth Ct Kissimmee, FL 34758-3171	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Vicki Sloan 644 Jaguar Ct. Kissimmee, FL 34759	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S mike Sloan 644 Jaguar Ct Kissimmee, FL 34759	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Debbie Tomasingo 861 San Pedro Ct Kissimmee, FL 34758	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, ARNIM 707 TOLTEC PLACE POINCIANA, FL 34758	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Ivy Schuler</u> <u>Ivy Schuler</u> <u>4/27/04</u> <u>4075189743</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			