

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03674

FILED
Mar 27, 2009
Secretary of State

Entity Name: POINSETTIA PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1202 POINSETTIA AVE
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1202 POINSETTIA AVE
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-2506919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWLING, MIKE
1202 POINSETTIA AVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

BOWLING, MICHAEL
1202 POINSETTIA AVE
ORLANDO, FL 32804 US

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: MICHAEL BOWLING

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: KENT, CAROLYN
Address: 1204 POINSETTIA AVE
City-St-Zip: ORLANDO, FL 32804

Title: SD () Delete
Name: BOWLING, MICHAEL
Address: 1202 POINSETTIA AVE
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: TONGOL, RAFAEL
Address: 1200 POINSETTIA AVE
City-St-Zip: ORLANDO, FL 32804

Title: PTD () Delete
Name: PELLOWE, AMANDA
Address: 1206 POINSETTIA AVE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BOWLING

SD

03/27/2009

Electronic Signature of Signing Officer or Director

Date