

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 02, 2012
Secretary of State

DOCUMENT# N05000000453

Entity Name: POITRAS ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**107 N. LINE DR
APOPKA, FL 32703 US**New Principal Place of Business:**4700 MILLENIA BLVD.
STE. 515
ORLANDO, FL 32839 US**Current Mailing Address:**107 N. LINE DR.
APOPKA, FL 32703 US**New Mailing Address:**4700 MILLENIA BLVD.
STE. 515
ORLANDO, FL 32839 US**FEI Number:** 20-4394843**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:****Name and Address of New Registered Agent:**COMMUNITY MANAGEMENT PROFESSIONALS
4700 MILLENIA BLVD.
STE. 515
ORLANDO, FL FL 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: SUZAN KEARNS

08/02/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD
Name: WISCOVITCH, JACQUELINE R
Address: 4700 MILLENIA BLVD. STE. 515
City-St-Zip: ORLANDO, FL 32839 US**Title:** VP
Name: LEMBKE, WILLIAM
Address: 4700 MILLENIA BLVD. STE. 515
City-St-Zip: ORLANDO, FL 32839 US**Title:** D
Name: EMEREY, MATT
Address: 4700 MILLENIA BLVD. STE. 515
City-St-Zip: ORLANDO, FL 32839

I hereby 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 all other like empowered.

SIGNATURE: JACCQUELINE WISCOVITCH

P

08/02/2012

Electronic Signature of Signing Officer or Director

Date