

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N11709

1. Entity Name

POINCIANA POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**7953 NW 53 ST
MIAMI FL 33166
US**

Mailing Address

**7953 NW 53 ST
MIAMI FL 33166
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2675562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUGGER, ROBERT S SR
7953 NW 53 ST
MIAMI FL 33166**

Name

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

City

FL

Zip Code

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

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
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GOMEZ, MIGUEL	
STREET ADDRESS	482 SW 87 PLACE	
CITY-STATE-ZIP	MIAMI FL 33174	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DELGADO, JOSE	
STREET ADDRESS	8831 S.W. 4TH LN.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOPEZ, HAYDEE	
STREET ADDRESS	8936 S.W. 6TH LN.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	DUGGER, ROBERT	
STREET ADDRESS	8405 NW 53RD ST. #A102	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEL PINO, ROBERTO	
STREET ADDRESS	482 S.W. 88 CT.	
CITY-STATE-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000643986	
STREET ADDRESS	03/02/07-80025-004 61.25	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/07 305-597-0920