

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11709

FILED
Jan 12, 2009
Secretary of State

Entity Name: POINCIANA POINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7953 NW 53 ST
MIAMI, FL 33166 US

New Principal Place of Business:

3399 N.W. 72 AVE.
215
MIAMI, FL 33122 US

Current Mailing Address:

7953 NW 53 ST
MIAMI, FL 33166 US

New Mailing Address:

3399 N.W. 72 AVE.
215
MIAMI, FL 33122 US

FEI Number: 59-2675562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DUGGER, ROBERT S SR
3399 N.W. 72 AVE
215
MIAMI, FL 33122 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: ROBERT DUGGER

01/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOMEZ, MIGUEL
Address: 482 SW 87 PLACE
City-St-Zip: MIAMI, FL 33174

Title: PD () Delete
Name: DELGADO, JOSE,
Address: 8831 S.W. 4TH LN.
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: LOPEZ, HAYDEE,
Address: 8936 S.W. 6TH LN.
City-St-Zip: MIAMI, FL

Title: AVP () Delete
Name: DUGGER, ROBERT,
Address: 8405 NW 53RD ST. #A102
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: DEL PINO, ROBERTO
Address: 482 S.W. 88 CT.
City-St-Zip: MIAMI, FL 33174

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:

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: JOSE DELGADO

PD

01/12/2009

Electronic Signature of Signing Officer or Director

Date