FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N23423

ALHAMBRA AT POINCIANA OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED Mar 01, 1999 8:00 am § Secretary of State

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255 ALHAMBRI 8TH FLOOR CORAL GABLE		ATAMONTE SPRINGS FL 323	714							
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed					
21		26			11/12/1987					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 65-0019346	plied For				
22		27			55-0019346 Not Applicab					
City & Stat	e	City & State			5. Certificate of Status Desired					
Zip	Country	Zip	Country		6. Election Campaign Financing \$5.00 May Be					
24		30		Trust Fund Contribution	Added to	o Fees				
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Reg	istered Agent				
			81	Name						
KERRIGAN	I, JUANITA I		82	82 Street Address (P.O. Box Number is Not Acceptable)						
255 ALHA	MBRA CIR		-	ļ						
8TH FLOC)R		83	1						
	ABLES FL 33134		84	1 1		FL 85 Zip C				
office or r agent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obligations.				rporation submits this statement for the pution's board of directors. I hereby accept the	rpose of changing its he appointment as reg	registered gistered			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Ager	nt signature requi	red when reinstating)	DATE				
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC					
TITLE	PD	☐ DELETE 1.1 T				☐ Change	☐ Addition			
NAME	LATIAK, DENNIS J		1.2 NAME							
STREET ADDRESS	RESS 255 ALHAMBRA CIRCLE		1.3 STREE	T ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY- \$	T-ZIP						
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition			
NAME	SETTLES, PATRICK G.		2.2 NAME)			
STREET ADDRÉSS	255 ALHAMBRA CIRCLE		2.3 STREE	TADDRESS						
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-5	ST-ZIP						
TITLE	DT	☐ DELETE	3.1 TITLE		•	☐ Change	☐ Addition			
NAME	ROBBINS, STACEY		3.2 NAME							
STREET ADDRESS	255 ALHAMBRA CIRCLE		3.3 STREET	TADORESS						
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4. CITY-5	ST-ZIP						
TITLE	VSD	☐ DELETE	4.1 TITLE			Change	Addition			
NAME	KERRIGAN, JUANITA I		4. 2 NAME							
STREET ADDRESS	255 ALHAMBRA CIRCLE		4.3 STREE	T ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·					
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition			
NAME	GETMAN, DENNIS J		5.2 NAME							
STREET ADDRESS	255 ALHAMBRA CIRCLE		5.3 STREE	TADDRESS						
CITY-ST-ZIP	CORAL GABLES FL 33134		5.4 CITY- S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition			
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	TADORESS						
CITY-ST-ZIP			6.4 CITY-S	T-ZIP						

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with a paddress, with all other like empowered.

SIGNATURE: