

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 09, 2000 8:00 am**  
**Secretary of State**

08-09-2000 90076 010 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

**DOCUMENT #** N23423

1. Entity Name *P*  
 Alhambra At Poinciana Owners Association, Inc.

Principal Place of Business	Mailing Address
201 Alhambra Circle Coral Gables, FL 33134	201 Alhambra Circle Coral Gables, FL 33134

2. Principal Place of Business 500 E. Cypress Parkway Suite, Apt. #, etc.	3. Mailing Address 621 S. Atlantic Avenue Suite, Apt. #, etc.
City & State Kissimmee, Florida	City & State Ormond Beach, Florida
Zip 34759	Zip 32176
Country USA	Country USA

4. FEI Number 650019346	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Juanita I. Kerrigan  
 201 Alhambra Circle  
 Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name  
A.G.C. Co.

Street Address (P.O. Box Number is Not Acceptable)  
200 S. Orange Avenue

Suite 2300

City  
Orlando

FL

Zip Code  
32801

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.

SIGNATURE *[Signature]* Kenneth C. Wright, VP 8/1/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dennis J. Latiak 255 Alhambra Circle Coral Gables, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Patrick G. Settles 255 Alhambra Circle Coral Gables, FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Stacey Robbins 255 Alhambra Circle Coral Gables, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Juanita I. Kerrigan 255 Alhambra Circle Coral Gables, FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dennis J. Getman 255 Alhambra Circle Coral Gables, FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dennis J. Latiak 500 E. Cypress Parkway Kissimmee, FL 34759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Stacy H. Robbins 621 S. Atlantic Avenue Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Edward W. Smith 621 S. Atlantic Avenue Ormond Beach, FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jack B. Rollins 621 S. Atlantic Avenue Ormond Beach, FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeannette D. Celio 500 E. Cypress Parkway Kissimmee, FL 34759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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]* Stacy Robbins Vice Pres 8-3-00 904 645 6546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)