

00101

DOCUMENT # N23423

1. Entity Name

ALHAMBRA AT POINCIANA OWNERS ASSOCIATION, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90066 001 ****61.25

Principal Place of Business: 500 E CYPRESS PARKWAY, KISSIMMEE FL 34759
Mailing Address: 621 S ATLANTIC AVE, ORMOND BEACH FL 32176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (Suite, Apt. #, etc.)
3. Mailing Address (Suite, Apt. #, etc.)

City & State, Zip, Country for both Principal Place of Business and Mailing Address

4. FEI Number: 65-0019346
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: A G C CO, 200 S ORANGE AVE, ORLANDO FL 32801

7. Name and Address of New Registered Agent (Name, Street Address, City, State, 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.
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

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

Make Check Payable to Department of State

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD LATIAK, DENNIS J; VTD ROBBINS, STACY H; SD SMITH, EDWARD W; D ROLLINS, JACK B; D CELIO, JEANNETTE D.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes handwritten 'S/D' and 'Same' next to CELIO, JEANNETTE D.

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-00 904-6156556
Date Daytime Phone #

CR2E037 (10/00)