
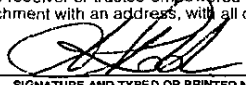


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90053 019 ****61.25

DOCUMENT # N23423					
1. Entity Name ALHAMBRA AT POINCIANA OWNERS ASSOCIATION, INC.					
Principal Place of Business 500 E CYPRESS PARKWAY KISSIMMEE, FL 34759			Mailing Address 700 W GRANDA BLVD STE 201 ORMOND BEACH, FL 32174		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
A G C CO 200 S ORANGE AVE ORLANDO, FL 32801				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, STACY H			NAME	
STREET ADDRESS	700 W. GRANDA BLVD STE 201			STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 32174			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELIO, JEANNETTE D			NAME	
STREET ADDRESS	500 E CYPRESS PARKWAY			STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34759			CITY-ST-ZIP	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, CURTIS			NAME	JEFF DIXON
STREET ADDRESS	621 S ATLANTIC AVE			STREET ADDRESS	215 Celebration Place Suite 500
CITY-ST-ZIP	ORMOND BEACH, FL 32176			CITY-ST-ZIP	Celebration, FL 34747
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 		Stacy Robbins		4-5-04 386-673-7767	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

54029132



04022004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0019346 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required