

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 13, 2005  
Secretary of State**

DOCUMENT# N23423

Entity Name: ALHAMBRA AT POINCIANA OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

500 E CYPRESS PARKWAY  
KISSIMMEE, FL 34759

**New Principal Place of Business:**

**Current Mailing Address:**

700 W GRANDA BLVD  
STE 201  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 65-0019346      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

A G C CO  
200 S ORANGE AVE  
ORLANDO, FL 32801      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VTD      ( ) Delete  
Name: ROBBINS, STACY H  
Address: 700 W. GRANDA BLVD STE 201  
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD      ( ) Delete  
Name: CELIO, JEANNETTE D  
Address: 500 E CYPRESS PARKWAY  
City-St-Zip: KISSIMMEE, FL 34759

Title: VSD      ( ) Delete  
Name: DIXON, JEFF  
Address: 215 CELEBRATION PLACE, STE 500  
City-St-Zip: CELEBRATION, FL 34747

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STACY ROBBINS

VTD

04/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date