


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90090 045 \*\*\*\*61.25

<b>DOCUMENT # N23423</b>			
1. Entity Name <b>ALHAMBRA AT POINCIANA OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>500 E CYPRESS PARKWAY KISSIMMEE FL 34759</b>		Mailing Address <b>621 S ATLANTIC AVE ORMOND BEACH FL 32176</b>	
2. Principal Place of Business		3. Mailing Address <b>700 W. Granada Blvd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 201</b>	
City & State		City & State <b>Ormond Beach, FL</b>	
Zip	Country	Zip	Country
		<b>32174</b>	<b>USA</b>
4. FEI Number <b>65-0019346</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>A G C CO 200 S ORANGE AVE ORLANDO FL 32801</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>VTD</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBBINS, STACY H</b>	NAME	
STREET ADDRESS	<b>621 S ATLANTIC AVE</b>	STREET ADDRESS	<b>700 W. Granada Blvd Suite 201</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	CITY-ST-ZIP	<b>Ormond Beach, FL 32174</b>
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CELJO, JEANNETTE D</b>	NAME	
STREET ADDRESS	<b>500 E CYPRESS PARKWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34759</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURILLO, JOHN</b>	NAME	
STREET ADDRESS	<b>621 S ATLANTIC AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>President, Director</b>
STREET ADDRESS	<b>621 S Atlantic Ave</b>	STREET ADDRESS	<b>Curtis Cole</b>
CITY-ST-ZIP	<b>Ormond Beach, FL 32176</b>	CITY-ST-ZIP	<b>621 S Atlantic Ave Ormond Beach, FL 32176</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>SIGNATURE REQUIRED</b>		Date: <b>3-17-03</b> Daytime Phone #: <b>386-673-7767</b>	
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (10/02)