FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mc[illegible]am
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 31471

1. Corporation Name
VILLAS OF POINCIANA
HOMEOWNERS ASSOCIATION INC.

Principal Place of Business | Mailing Address

2. Principal Place of Business
21 50 CORDONA DR
Suite, Apt. #, etc. 22
City & State 23 KISSIMMEE, FL
Zip 24 34758 Country 25

2a. Mailing Address
26 114 BIANCA CT
Suite, Apt. #, etc. 27
City & State 28 KISSIMMEE, FL
Zip 29 34758 Country 30

3. Date Incorporated or Qualified: 4-3-89
3a. Date of Last Report:
4. FEI Number: 59-3213583 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: HAROLD KRAUS
82 Street Address (P.O. Box Number is Not Acceptable): 114 BIANCA CT.
83
84 City: KISSIMMEE FL 85 Zip Code: 34758

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Harold Kraus — HAROLD KRAUS — DATE: 3/28/96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT OTTO, ERNEST D 307 E. 18TH ST NEW YORK, NY	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS OTTO, EMMA (DECEASED) 59 TYLER ST CLAREMONT, NH	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VPS LEMIEUX, ELFRIEDA D BOX 2 HARTLAND FOUR CORNERS, VT 05049	☐ Change ☒ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	DIRECTOR HAROLD KRAUS D 114 BIANCA CT KISSIMMEE FL 34758	☐ Change ☒ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	900001797509 -04/29/96--01021--029 ***61.25	☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

SC 4-26-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold Kraus — HAROLD KRAUS DIR. — 4/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

407 847-6017
Daytime Phone #
407 847-4781

CR2E037 (12/95)