

2000 UNIFORM BUSINESS REPORT (UBR)

3/21

FILED

May 15, 2000 8:00 am
Secretary of State

03-22-2000 90061 015 ****61.25

DOCUMENT # N31471

1. Entity Name

VILLAS OF POINCIANA HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business

50 CORDONA DR
KISSIMMEE FL 34758

Mailing Address

114 BIANCA CT
KISSIMMEE FL 34758-3303

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

50-B CORDONA DR

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

Country

34758

Country

4. FEI Number

59-3213583

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KRAUS, HAROLD
114 BIANCA CT
KISSIMMEE FL 34758

7. Name and Address of New Registered Agent

Name JENNIFER HENSON

Street Address (P.O. Box Number is Not Acceptable)

50-B CORDONA DR

City KISSIMMEE

FL

Zip Code 34758

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

X *[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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	OTTO, ERNEST	
STREET ADDRESS	307 E. 18TH STREET	
CITY-ST-ZIP	NEW YORK CITY NY	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	LEMIEUX, ELFRIEDA	
STREET ADDRESS	BOX 2 N/A	
CITY-ST-ZIP	HARTLAND FOUR CORNERS VT 05049	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRAUS, HAROLD	
STREET ADDRESS	114 BIANCA CT	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNIFER HENSON	
STREET ADDRESS	50-B CORDONA DR	
CITY-ST-ZIP	KISSIMMEE, FL 34758	
TITLE	Angela Alvarez, Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	50-F Cordona DR	
STREET ADDRESS	Kissimmee, FL 34758	
CITY-ST-ZIP		
TITLE	Harold Kraus, VP Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	114 Bianca CT	
STREET ADDRESS	Kissimmee, FL 34758	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00

Date

407 847-4781

Daytime Phone #

CR2E037 (9/99)