

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N31471**

1. Entity Name

VILLAS OF POINCIANA HOMEOWNERS' ASSOCIATION, INC**FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA****01 SEP 28 AM 9:26**

Principal Place of Business

**50 CORDONA DR
KISSIMMEE FL 34758**

Mailing Address

**50-B CORDONA DR
KISSIMMEE FL 34758**

2. Principal Place of Business

3. Mailing Address

114 BIANCA CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KISSIMMEE FL

4. FEI Number

59-3213583

Applied For

Not Applicable

Zip

Country

Zip

Country

34758**OSCEOLA**5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HENSON, JENNIFER
50-B CORDONA DR
KISSIMMEE FL 34758**

7. Name and Address of New Registered Agent

Name

HAROLD KRAUS

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

114 BIANCA CT

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re/instating)

DATE

Harold Kraus HAROLD KRAUS (MGR) 9/8/01**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HENSON, JENNIFER	
STREET ADDRESS	50-B CORDONA DR	
CITY-ST-ZIP	KISSIMMEE FL 34758	

TITLE	T	<input type="checkbox"/> Delete
NAME	ALVAREZ, ANGELA	
STREET ADDRESS	50-F CORDONA DR	
CITY-ST-ZIP	KISSIMMEE, FL 34758	

TITLE	VT	<input type="checkbox"/> Delete
NAME	KRAUSE, 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	TONY MAZZULLO	
STREET ADDRESS	50-E CORDONA, DR	
CITY-ST-ZIP	KISSIMMEE, FL 34758	

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SP	
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:

Harold Kraus HAROLD KRAUS 9/8/01 407 847-4781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)