

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N31471

FILED
Mar 19, 2002 8:00 AM
Secretary of State

Entity Name: VILLAS OF POINCIANA HOMEOWNERS' ASSOCIATION, INC

Current Principal Place of Business:

50 CORDONA DR
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

114 BIANCA CT
KISSIMMEE, FL 34758

New Mailing Address:

PO BOX 422891
KISSIMMEE, FL 34742 US

FEI Number: 59-3213583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAUS, HAROLD
114 BIANCA CT
KISSIMMEE, FL 34758 US

Name and Address of New Registered Agent:

HOBBS, MARK W PRES
PO BOX 422891
KISSIMMEE, FL 34742 US

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: MARK HOBBS

03/19/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAZZULLO, TONY
Address: 50-E CORDONA DR
City-St-Zip: KISSIMMEE, FL 34758

Title: T () Delete
Name: ALVAREZ, ANGELA
Address: 50-F CORDONA DR
City-St-Zip: KISSIMMEE, FL 34758

Title: VT () Delete
Name: KRAUSE, HAROLD
Address: 114 BIANCA CT
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOBBS, MARK W
Address: PO BOX 422891
City-St-Zip: KISSIMMEE, FL 34742 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HOBBS, REBECCA F
Address: PO BOX 422891
City-St-Zip: KISSIMMEE, FL 34742 US

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: MARK HOBBS

PD

03/19/2002

Electronic Signature of Signing Officer or Director

Date