

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31471

FILED  
Apr 13, 2009  
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:**

PO BOX 422891  
KISSIMMEE, FL 34742 US

**New Mailing Address:**

**FEI Number:** 59-3213583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHARPE, ONEIL G PRES  
2558 BAYKAL DRIVE  
KISSIMMEE, FL 34746 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHARPE, ONEIL G  
Address: PO BOX 422891  
City-St-Zip: KISSIMMEE, FL 34742 US

Title: T ( ) Delete  
Name: SHARPE, ALEKE L  
Address: 2558 BAYKAL DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

Title: VP ( ) Delete  
Name: WEBB, TYRONE O  
Address: PO BOX 422891  
City-St-Zip: KISSIMMEE, FL 34742 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ONEIL G SHARPE

PD

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date