

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

04-14-2003 90351 050 ****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

PO BOX 422891
KISSIMMEE FL 34742
US

55047084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3213583

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOBBS, MARK W PRES
PO BOX 422891
KISSIMMEE FL 34742

Name

M. HOBBS

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

702 EAST FLAG WAY

City

KISSIMMEE

FL

Zip Code

34759

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOBBS, MARK W	
STREET ADDRESS	PO BOX 422891	
CITY-ST-ZIP	KISSIMMEE FL 34742	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALVAREZ, ANGELA	
STREET ADDRESS	50-F CORDONA DR	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOBBS, REBECCA F	
STREET ADDRESS	PO BOX 422891	
CITY-ST-ZIP	KISSIMMEE FL 34742	
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		<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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 9 2003

Date

Daytime Phone #

CP2E037 (10/02)