

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90393 033 ****61.25

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1. Entity Name
POINCIANA RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2099 SANTA LUCIA CIR
MELBOURNE, FL 32935 US**

Mailing Address
**2099 SANTA LUCIA CIR
MELBOURNE, FL 32935 US**

60023692



2. Principal Place of Business
2105 Santa Lucia Cir.
Suite, Apt. #, etc.

3. Mailing Address
2105 Santa Lucia Cir.
Suite, Apt. #, etc.

03142006 Chg-NP CR2E037 (11/05)

City & State
Melbourne FL
Zip
32935
Country
US

City & State
Melbourne FL
Zip
32935
Country
US

4. FEI Number
59-3305055
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CISAR, ANDREW
2099 SANTA LUCIA CIR.
MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent

Name
Jim Woods
Street Address (P.O. Box Number is Not Acceptable)
2105 Santa Lucia Circle
City
Melbourne FL Zip Code
32935

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 *James J. Woods*
Signature, typed or printed name of registered agent and title if applicable.

1 APR 2006

DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25:
Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CISAR, ANDREW 2099 SANTA LUCIA CIR MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PUGH, DAN 2106 SANTA LUCIA CIR MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILLIAMS, WAYNE 2118 SANTA LUCIA CIR MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jim Woods 2105 Santa Lucia Circle Melbourne, FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Darryl Hensley 2101 Santa Lucia Circle Melbourne, FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mellon Maddox 2125 Santa Lucia Circle Melbourne, FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 APR 06

Date

321-752-9489

Daytime Phone #