## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N94000003695



**FILED** Feb 19, 2007 8:00 am Secretary of State

1. Entity Nam POINCIA	ne NA RIDGE HOMEOWNERS	S ASSOCIATION, INC				02-19-2007	' 90049 0	40 ****61	.25
2105 SANT/	ce of Business A LUCIA CIR E, FL 32935 US	Mailing Address 2105 SANTA LUCIA CIR MELBOURNE, FL 32935	<del>-</del>		4001999				
2. Principal f	Place of Business - No P.O. Box #	3. Mailing Address	a,						
·		3. Mailing Address P.O. Box 360621			1 1003141 010 10	INI BEDI OBEH BEIN I	PRIST MENN BRIDE	14514 ATEIN (A1M) H	iitini el leni
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02122007 Chg-NP CR2E037 (12/06)				
City & State		City & State Mel Bourney FC.		4	. FEI Number 59-33050	055			oplied For ot Applicable
Zip	Country	Zip 32936-0621	Country USA	5	. Certificate of	Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent	Nome	7	Name and A	ddress of New	Registered	Agent	
WOODS,	JIM		Name						
	ITA LUCIA CIR. RNE. FL 32935	Street Ad		Address (P.O	. Box Number	is Not Acceptal	ole)		
INICEBOOL	NAE, FL 32933								
			City				FI	Zip Coo	e
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r <b>o.</b> ine above	e named entity submits this statement for	or the purpose of changing its r	egistered office o	or registered	agent, or both,	in the State of	Florida. I am	familiar with.	and accept
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its r	egistered office o	or registered	agent, or both,	in the State of I	Florida. I am	familiar with.	and accept
the obliga	tions of registered agent.				agent, or both,				and accept
	tions of registered agent.	Jim WOODS,		6			FUS 0 DATE		and accept
the obliga	tions of registered agent.  Jim Woode	Jim WOODS,	President signs	ture required whe			FUS DATE		
the obliga	Signature, typed or printed name of registered agent	t and life if applicable. (NOTE:  9. Election Camp Trust Fund Co	President signs	ture required whe	5.00 May Be ded to Fees		DATE  Make checorida Depa	4 ck payable t	o tate
SIGNATURE  10.	Signature, typed or printed name of registered agent  Filling Fee is \$61.25  Due by May 1, 2007  OFFICERS AND DII	t and life if applicable. (NOTE:  9. Election Camp Trust Fund Co	President signs Registered Agent signs paign Financing ontribution.  11. TITLE	ture required whe	5.00 May Be ded to Fees	/ (	DATE  Make checorida Depa	4 ck payable t	o tate
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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.

CITY-ST-ZIP

STREET ADDRESS

SIC	3N	ΔΤΙ	IRF.

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14Feb 07

321-752-9489

Daytime Phone #