

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000003695

1. Entity Name
POINCIANA RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2105 SANTA LUCIA CIR
MELBOURNE, FL 32935 US**

Mailing Address
**P.O. BOX 360621
MELBOURNE, FL 32936 US**



02062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**WOODS, JIM
2105 SANTA LUCIA CIR.
MELBOURNE, FL 32935**

**DO NOT WRITE
IN THIS SPACE**

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 *Jim Woods* *Jim Woods, President* *6 Feb 08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U000000822058
02/19/08-80051-017 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODS, JIM 2105 SANTA LUCIA CIRCLE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HENSLEY, DARRYL 2101 SANTA LUCIA CIRCLE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SERRATE, NELSON 2120 SANTA LUCIA CIR. MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Jim Woods* *Jim Woods, President* *6 Feb 08* *321-752-9489*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #