

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003695

FILED  
Feb 24, 2009  
Secretary of State

**Entity Name:** POINCIANA RIDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2105 SANTA LUCIA CIR  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

2115 SANTA LUCIA CIR  
MELBOURNE, FL 32935 US

**Current Mailing Address:**

P.O. BOX 360621  
MELBOURNE, FL 32936 US

**New Mailing Address:**

**FEI Number:** 59-3305055      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

HOOD, BRUCE  
2115 SANTA LUCIA CIR.  
MELBOURNE, FL 32935 US

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: BRUCE HOOD

02/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WOODS, JIM  
Address: 2105 SANTA LUCIA CIRCLE  
City-St-Zip: MELBOURNE, FL 32935

Title: DS ( ) Delete  
Name: HENSLEY, DARRYL  
Address: 2101 SANTA LUCIA CIRCLE  
City-St-Zip: MELBOURNE, FL 32935

Title: TD ( ) Delete  
Name: SERRATE, NELSON  
Address: 2120 SANTA LUCIA CIR.  
City-St-Zip: MELBOURNE, FL 32935

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

Title: PD (X) Change ( ) Addition  
Name: HOOD, BRUCE  
Address: 2115 SANTA LUCIA CIRCLE  
City-St-Zip: MELBOURNE, FL 32935

Title: SD (X) Change ( ) Addition  
Name: WILLIAMS, KITTY  
Address: 2118 SANTA LUCIA CIRCLE  
City-St-Zip: MELBOURNE, FL 32935

Title: TD (X) Change ( ) Addition  
Name: MARTIN, SHARON  
Address: 2109 SANTA LUCIA CIR.  
City-St-Zip: MELBOURNE, FL 32935

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: BRUCE HOOD

PD

02/24/2009

Electronic Signature of Signing Officer or Director

Date