

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90002 043 ****61.25

DOCUMENT # N96000001563

1. Corporation Name

HOMEOWNERS/RENTERS ASSOCIATION OF POINSETTIA PARK, INC.

Principal Place of Business

131 GRANADA STREET
FT MYERS FL 33905

Mailing Address

131 GRANADA STREET
FT MYERS FL 33905



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

03/18/1996

4. FEI Number

65-0657350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GRELLE, WILLIAM A
131 GRANADA STREET
FT MYERS FL 33905

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *William A. Grelle*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/99
DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GRELLE, WILLIAM A
STREET ADDRESS 131 GRANADA ST.
CITY-ST-ZIP FORT MYERS FL 33905 ☐ DELETE

TITLE V
NAME WELTON, ANNETT
STREET ADDRESS 70 HACIENDA DR
CITY-ST-ZIP FORT MYERS FL 33905 ☒ DELETE

TITLE D
NAME MAURO, VICKI
STREET ADDRESS 53 HACIENDA BLVD.
CITY-ST-ZIP FORT MYERS FL 33905 ☒ DELETE

TITLE T
NAME BREKER, EDITH
STREET ADDRESS 21 POINSETTIA DR.
CITY-ST-ZIP FORT MYERS FL 33905 ☐ DELETE

TITLE S
NAME BEAHM, DOROTHY
STREET ADDRESS 80 E POINSETTIA DR
CITY-ST-ZIP FORT MYERS FL 33905 ☒ DELETE

TITLE D
NAME MACCLUEN, DON
STREET ADDRESS 308 LACASA AVE.
CITY-ST-ZIP FORT MYERS FL 33905 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME V
2.3 STREET ADDRESS Clink, Arlene
2.4 CITY-ST-ZIP 225 N. Poinsettia Dr.
Fort Myers FL 33905

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME S
3.3 STREET ADDRESS Beahm, Dorothy
3.4 CITY-ST-ZIP 80 E. Poinsettia Dr.
Fort Myers FL 33905

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME D
5.3 STREET ADDRESS Griffen, Doris
5.4 CITY-ST-ZIP 199 Domingo Dr.
Fort Myers FL 33905

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William A. Grelle

SIGNATURE *William A. Grelle*

4/12/99

941-693-9799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)