


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90034 003 ****61.25

DOCUMENT # N96000001563 1. Entity Name HOMEOWNERS/RENTERS ASSOCIATION OF POINSETTIA PARK, INC.					
Principal Place of Business 307 LA CASA AVE FT MYERS FL 33905		Mailing Address 307 LA CASA AVE FT MYERS FL 33905			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4701 BALLARD RD Suite, Apt. #, etc.			
City & State 		City & State FT. MYERS, FLA		4. FEI Number 65-0657350	
Zip 		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, IAN N - deceased 307 LA CASA AVE FORT MYERS FL 33905				7. Name and Address of New Registered Agent Name LEO SMITH Street Address (P.O. Box Number is Not Acceptable) 875 POINSETTIA DR. City FT. MYERS, FL Zip Code 33905	
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: <u>Leo Smith</u> <u>President</u> <u>3/21/05</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X PRES. SMITH, LEO 275 POINSETTIA DRIVE FORT MYERS FL 33905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WIFE-PRES SALLY HILLER 270 POINSETTIA DR. N FT. MYERS, FLA 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COUSINEAU, JEANNE 157 SIESTA DRIVE FORT MYERS FL 33905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIE GERBER 151 SIESTA LN. FT. MYERS, FLA 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SNYDER, DORIS 307 LA CASA AVE FT MYERS FL 33905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLIE BEALER 75 HACIENDA BLVD FT. MYERS, FLA 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFEN, DORIS 199 DOMINGO DR FT MEYERS FL 33905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRILL FULMER 148 SIESTA LN FT. MYERS, FLA. 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN ATKINSON 73 HACIENDA BLVD FT. MYERS, FLA 33905	<input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM NIGH 167 SIESTA LN. FT. MYERS, FLA 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM MEEK 174 SIESTA LANE FT. MYERS, FLA. 33905	<input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNA OTT 49 POINSETTIA DR. S, FT. MYERS 33905 D JACK FLANIGAN 57 HACIENDA BLVD FT. MYERS, FL 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 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: <u>Doris J. Snyder Pres.</u> <u>3/21/05</u> <u>239-693-0616</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					