


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90028 035 ****61.25

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|--|--|--|--|---|--|
| 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 4701 BALLARD RD FT MYERS, FL 33905 | | |
| 2. Principal Place of Business - No P.O. Box # 157 Siesta Lane | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Ft Myers FL | | City & State | | | |
| Zip 33905 | | Country USA | | 4. FEI Number 65-0657350 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SMITH, LEO 275 POINSETTIA DR FORT MYERS, FL 33905 | | | 7. Name and Address of New Registered Agent Name Susan Hiller Street Address (P.O. Box Number is Not Acceptable) 270 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 Susan Hiller - Pres. <i>Susan Hiller</i> 4/4/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | P SMITH, LEO 275 POINSETTIA DRIVE FORT MYERS, FL 33905 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Susan Hiller 270 Poinsettia Dr Ft. Myers | <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 | (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SNYDER, DORIS 307 LA CASA AVE FT MYERS, FL 33905 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Annette Welton 70 Hacienda Blvd Ft. Myers, FL 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 checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D William Nigh 167 Siesta Ln. Ft. Myers, FL 33905 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GIBBONS, STEVE 134 GRANADA ST FORT MYERS, FL 33905 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Merrill Fulmer 148 Siesta Ln Ft. Myers, FL 33905 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEEK, WILLIAN 174 SIESTA LANE FORT MYERS, FL 33905 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Allan Berry 28 Poinsettia Dr 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 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: <i>Susan Hiller</i> Susan Hiller | | | 4/4/07 (239) 693-5559 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |