

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001563

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** HOMEOWNERS/RENTERS ASSOCIATION OF POINSETTIA PARK, INC.

**Current Principal Place of Business:**

157 SIESTA LANE  
FORT MYERS, FL 33905

**New Principal Place of Business:**

28 POINSETTIA DRIVE  
FORT MYERS, FL 33905

**Current Mailing Address:**

4701 BALLARD RD  
FT MYERS, FL 33905

**New Mailing Address:**

**FEI Number:** 65-0657350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HILLER, SUSAN  
270 POINSETTIA DR  
FORT MYERS, FL 33905 US

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

BERRY SR, ALLAN  
28 POINSETTIA DR  
FORT MYERS, FL 33905 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: ALLAN BERRY SR

04/23/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HILLER, SUSAN  
Address: 270 POINSETTIA DR  
City-St-Zip: FORT MYERS, FL 33905

Title: S (X) Delete  
Name: COUSINEAU, JEANNE  
Address: 157 SIESTA DRIVE  
City-St-Zip: FORT MYERS, FL 33905

Title: D (X) Delete  
Name: WELTON, ANNETTE  
Address: 70 HACIENDA BLVD  
City-St-Zip: FORT MYERS, FL 33905

Title: D (X) Delete  
Name: NIGH, WILLIAM  
Address: 167 SIESTA LN  
City-St-Zip: FORT MYERS, FL 33905

Title: D (X) Delete  
Name: FULMER, MERRILL  
Address: 148 SIESTA LN  
City-St-Zip: FORT MYERS, FL 33905

Title: D (X) Delete  
Name: MEEK, WILLIAM  
Address: 174 SIESTA LANE  
City-St-Zip: FORT MYERS, FL 33905

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

Title: D (X) Change ( ) Addition  
Name: BERRY SR, ALLAN  
Address: 28 POINSETTIA DR  
City-St-Zip: FORT MYERS, FL 33905

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALLAN BERRY SR

D

04/23/2008

Electronic Signature of Signing Officer or Director

Date