

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000009549

**Entity Name:** POINCIANA HEIGHTS HOMEOWNERS AND RENTERS TASK  
FORCE, INC.**FILED**  
**Feb 23, 2024**  
**Secretary of State**  
**9578609760CC****Current Principal Place of Business:**1903 SW 5TH STREET  
OCALA, FL 34471**Current Mailing Address:**1903 SW 5TH STREET  
OCALA, FL 34471 US**FEI Number: 93-2982230****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FARMER, CAROLYN  
1822 SW 4TH STREET  
OCALA, FL 34471 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:** CAROLYN FARMER

02/23/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DC	Title	DP
Name	MORGAN-JOHNSON, TARA	Name	MCCANTS, ANGELA D
Address	1622 SW 5TH STREET	Address	2351 SW 7TH STREET
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	DT	Title	DS
Name	COLEMAN, LISA	Name	FARMER, CAROLYN
Address	2052 SW 2ND STREET	Address	1822 SW 4TH STREET
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	DVP	Title	D
Name	SERMON, HARVEY L	Name	WILKERSON, LINDA G
Address	2106 SW 7TH STREET	Address	2351 SW 2ND STREET
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	DIRECTOR		
Name	BRADDOCK, VERNON DALE		
Address	1903 SW 5TH STREET		
City-State-Zip:	OCALA FL 34471		

I hereby 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 all other like empowered.

**SIGNATURE:** VERNON DALE BRADDOCK**DIRECTOR**

02/23/2024

Electronic Signature of Signing Officer/Director Detail

Date