SIGNATURE	E PAULA WASHBURN			04/30/2022
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	VP	Title	PRESIDENT	
Name	PELOSI, CHERYL	Name	SHIELDS, TIM	
Address	5323 MILLENIA LAKES BLVD SUITE 120	Address	5323 MILLENIA LAKES BLVD SUITE 120	
City-State-Zip:	ORLANDO FL 32839	City-State-Zip:	ORLANDO FL 32839	
Title	SECRETARY	Title	TREASURER	
Name	WOLSTENHOLME, SARAH	Name	WOLNER, JOHN	
Address	5323 MILLENIA LAKES BLVD SUITE 120	Address	5323 MILLENIA LAKES BLVD SUITE 120	
City-State-Zip:	ORLANDO FL 32839	City-State-Zip:	ORLANDO FL 32839	
Title	DIRECTOR			
Name	KELLOWAN, SIMOND			
Address	5323 MILLENIA LAKES BLVD SUITE 120			
City-State-Zip:	ORLANDO FL 32839			

500 CYPRESS PARKWAY KISSIMMEE, FL 34759 US

**Current Mailing Address:** 

**Current Principal Place of Business:** 

## FEI Number: 65-0019346

**REPORT** 

DOCUMENT# N23423

500 CYPRESS PARKWAY KISSIMMEE, FL 34759

## Name and Address of Current Registered Agent:

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

Entity Name: ALHAMBRA AT POINCIANA OWNERS ASSOCIATION, INC.

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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: CHERYL PELOSI

VICE PRESIDENT

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date