

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23423

**Entity Name:** ALHAMBRA AT POINCIANA OWNERS ASSOCIATION, INC.

**FILED**  
**Mar 18, 2019**  
**Secretary of State**  
**0488686028CC**

**Current Principal Place of Business:**

16000 W CHARLESTON BLVD  
LAS VEGA, NV 89135

**Current Mailing Address:**

10600 W. CHARLESTON BLVD  
LAS VEGAS, NV 89135 US

**FEI Number: 65-0019346**

**Certificate of Status Desired: No**

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

NATIONAL REGISTERED AGENTS, INC.  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PELOSI, CHERYL  
Address        10600 W. CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title            VP  
Name            SMITH, JOSEPH  
Address        10600 W. CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title            SECRETARY  
Name            BRADY, TERI  
Address        10600 W. CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title            TREASURER  
Name            INGRAM, DAN  
Address        10600 W. CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title            DIRECTOR  
Name            WOLNER, JOHN  
Address        10600 W. CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

*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**

**PRESIDENT**

**03/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date