

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000099055

Entity Name: SOLIVITA AT POINCIANA RECREATION, INC.**Current Principal Place of Business:**4900 NORTH SCOTTSDALE ROAD
SUITE 2000
SCOTTSDALE, AZ 85251**Current Mailing Address:**4900 NORTH SCOTTSDALE ROAD
SUITE 2000
SCOTTSDALE, AZ 85251 US**FEI Number:** 65-0971586**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR - STE. A
TALLAHASSEE, FL 32301 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, DIRECTOR
Name	KEMPTON, JOHN STEVEN
Address	551 NORTH CATTLEMEN RD. SUITE 200
City-State-Zip:	SARASOTA FL 34232
Title	CFO, EXECUTIVE VICE PRESIDENT
Name	STEFFENS, LOUIS ("LOU") E.
Address	4900 NORTH SCOTTSDALE ROAD SUITE 2000
City-State-Zip:	SCOTTSDALE AZ 85251
Title	VP, ASST. SECRETARY
Name	MERRILL, S. TODD
Address	3030 N. ROCKY POINT DR. SUITE 710
City-State-Zip:	TAMPA FL 33607
Title	MEMBER
Name	SOLIVITA AT POINCIANA, INC.
Address	4900 NORTH SCOTTSDALE ROAD SUITE 2000
City-State-Zip:	SCOTTSDALE AZ 85251

Title	VP, ASST. SECRETARY
Name	BOSS, KRISTY
Address	3030 N. ROCKY POINT DR. SUITE 710
City-State-Zip:	TAMPA FL 33607
Title	SECRETARY, EXECUTIVE VICE PRESIDENT, CHIEF LEGAL OFFICER
Name	SHERMAN, DARRELL C.
Address	4900 NORTH SCOTTSDALE ROAD SUITE 2000
City-State-Zip:	SCOTTSDALE AZ 85251
Title	ASST. SECRETARY
Name	ESTRADA, CAROLINE G.
Address	4900 NORTH SCOTTSDALE ROAD SUITE 2000
City-State-Zip:	SCOTTSDALE AZ 85251
Title	VP, DIRECTOR
Name	BRUNHOFER, BRIAN
Address	2600 LAKE LUCIEN DRIVE, SUITE 350
City-State-Zip:	MAITLAND FL 32751

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROLINE G. ESTRADA**ASST. SECRETARY****04/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	MCNEIL, CHRISTY A.
Address	4695 MACARTHUR COURT 8TH FLOOR
City-State-Zip:	NEWPORT BEACH CA 92660