

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90016 004 ****61.25

DOCUMENT # N03000002234

1. Entity Name
POINCIANA AT ROCK CREEK, INC.



Principal Place of Business
3971 SW 8 ST STE 205
CORAL GABLES, FL 33134

Mailing Address
3971 SW 8 ST STE 205
CORAL GABLES, FL 33134

94046247



2. Principal Place of Business
c/o Miami Management Inc.
Suite, Apt. #, etc.
1145 Sawgrass Corp Parkway

3. Mailing Address
c/o Miami Management Inc.
Suite, Apt. #, etc.
1145 Sawgrass Corp Parkway

02242004 Chg-NP CR2E037 (10/03)

City & State
Sunrise, FL

City & State
Sunrise, FL

4. FEI Number 01-1682399 Applied For Not Applicable

Zip Country
33323

Zip Country
33323

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

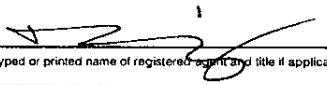
6. Name and Address of Current Registered Agent

GONZALEZ, NITZA
3971 SW 8 ST STE 205
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name Radames Diaz
Street Address (P.O. Box Number is Not Acceptable)
c/o Miami Management Inc.
1145 Sawgrass Corp Parkway
City Sunrise, FL Zip Co 33323

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/26/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOUZA, JORGE L 3971 SW 8 ST STE 205 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRIONES, LUIS 3971 SW 8 ST STE 205 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GONZALEZ, NITZA 3971 SW 8 ST STE 205 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Carlos A. Larriau 3971 SW 8 St., Suite 205 Miami, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nitza Gonzalez, V

02/24/04

305-444-6716

Date

Daytime Phone #