

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002234

FILED
Jun 26, 2009
Secretary of State

Entity Name: POINCIANA AT ROCK CREEK, INC.

Current Principal Place of Business:

C/O MIAMI MANAGEMENT INC.
1143 SAWGRASS CORP PARKWAY
SUNRISE, FL 33323

New Principal Place of Business:

C/O PHOENIX MANAGEMENT
4800 N. STATE ROAD SEVEN, SUITE 105
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

C/O PHOENIX MGMT
4800 N STATE RD 7 SUITE #105
LAUDERDALE LAKES, FL 33319

New Mailing Address:

C/O PHOENIX MANAGEMENT
4800 N. STATE ROAD SEVEN, SUITE 105
LAUDERDALE LAKES, FL 33319

FEI Number: 01-1682399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, P.A.
WESTSIDE CORPORATE CENTER
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KLEIMAN, SCOTT
Address: 2837 POINCIANA CIR
City-St-Zip: COOPER CITY, FL 33026

Title: TD () Delete
Name: FARBISH, ERICA
Address: 2347 POINCIANA DR
City-St-Zip: COOPER CITY, FL 33026

Title: VP () Delete
Name: AROCHA, PABLO
Address: 2811 POINCIANA CIRCLE
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SCOTT KLEIMAN

PD

06/26/2009

Electronic Signature of Signing Officer or Director

Date