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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # N9400000943 (0)
1. Corporation Name

POINCIANA AT SUNSET LAKES HOMEOWNER'S ASSOCIATIO N. INC.

N, INC	; .				
Principal Place	e of Business	Mailing Address			EDFIN 98111 08111 88118 18111 8:00\$ 116 108
THE TIMBER 5050 N.W. 7 MIAMI FL 33		THE TIMBERLAKE GR 5050 N.W. 74 AVENUI MIAMI FL 33166			
				3. Date Incorporated or Qualified 02/21/1994	3a. Date of Last Report 09/15/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 65-0472113	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State	е	City & State	<u>. </u>	6. Election Campaign Financing	\$5.00 May Bo
3		28		Trust Fund Contribution	Added to Fees
Ζ(ρ 4	Country 25	Zφ	Country	8. This corporation has liability for in	
41	9. Name and Address of Curren	29 29 Agent	30	Florida Statutes 10. Name and Address of New Re	Yes [No
			81 Name	To. Name and Address of New Ne	gistered Agent
THE TIM	MBERLAKE GROUP, INC.				
5050 N.W. 74TH AVENUE		82 Street Add	kdress (P.O. Box Number is Not Acceptable)		
	BERT A. DUGGER		83		
MIAMI FL 33166			24 07		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	tes, the above-named corpo	ration submits this statement for the purp	ose of changing its registered office
OL LOCHOLO	ed agent, or both, in the state of mont	ia. Such change was authoriz ion 617.0503, Florida Statute:	zea by the corooration's boa	ration submits this statement for the purporal of directors. Thereby accept the appoin	ntment as registered agent. I am
familiar wi	 and accept the obligations of, Sections. 				
TOURING VVI	in, and accept the obligations of, Secti				
SIGNATURE:	Signature, typed or printed name of registered agent	and time if applicable (No	OTE. Registered Agent signature require		CIATE
SIGNATURE .	Signature, typed or printed name of registred again. OFFICERS AND	are trie if applicable (NO	13.	ed wher reinstatings ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
SIGNATURE: 12.	Signature, typed or printed name of registered again: Of FICERS AND	and time if applicable (No	13. 1 1 TOTLE		
SIGNATURE: 12. III.E	Signature, typed or printed name of registered agent OFFICERS AND DP LARRIEU, MANUEL A	and trie if applicable (NOD DIRECTORS)	13. 11TITLE 12 NAME		DERS AND DIRECTORS IN 12
SIGNATURIE: 12. FILE VAME STREET ADDRESS	Signature, typed or private name of registroid ages: OFFICERS AND DP LARRIEU, MANUEL A 3971 S.W. 8TH ST., STE. 205	and trie if applicable (NOD DIRECTORS)	13. 11 TITLE 12 NAME 13 SIREET ADDRESS		DERS AND DIRECTORS IN 12
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NEED PRINTED NAME OF SIGNING OF THE OR DIRECTOR