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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000000943 (0)

1. Corporation Name

POINCIANA AT SUNSET LAKES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**THE TIMBERLAKE GROUP
 5050 N.W. 74 AVENUE
 MIAMI FL 33166**

**THE TIMBERLAKE GROUP
 5050 N.W. 74 AVENUE
 MIAMI FL 33166-5516**

3. Date Incorporated or Qualified
02/21/1994

3a. Date of Last Report
02/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0472113

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE TIMBERLAKE GROUP, INC.
 5050 N.W. 74TH AVENUE
 C/O ROBERT A. DUGGER
 MIAMI FL 33166**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert A. Dugger
ROBERT A. DUGGER **3-3-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LARRIERU, MANUEL A	
STREET ADDRESS	3971 S.W. 8TH ST., STE. 205	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	LARRIERU, JORGE A	
STREET ADDRESS	3971 S.W. 8TH ST., STE. 205	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	GONZALEZ, NITZA	
STREET ADDRESS	3971 S.W. 8TH ST., STE. 205	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	DUGGER, ROBERT A	
STREET ADDRESS	5050 N.W. 74TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	RUBIN, ELAINE	
STREET ADDRESS	5050 N.W. 74TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert A. Dugger*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2-25-97 (305) 593-1141**

CR2E037 (9/96)