

FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000943 (0)
 1. Corporation Name

POINCIANA AT SUNSET LAKES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business THE TIMBERLAKE GROUP 5050 N.W. 74 AVENUE MIAMI FL 33166	Mailing Address THE TIMBERLAKE GROUP 5050 N.W. 74 AVENUE MIAMI FL 33166
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3. Date Incorporated or Qualified 02/21/1994
4. FEI Number 65-0472113
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent THE TIMBERLAKE GROUP, INC. 5050 N.W. 74TH AVENUE C/O ROBERT A. DUGGER MIAMI FL 33166	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 **R.A. DUGGER** DATE **2-16-98**
Signature, typed or printed name of registered agent and board, applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP-	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARRIERU, MANUEL A -		1.2 NAME	Luisa Bravo,
STREET ADDRESS 3971 S.W. 8TH ST., STE. 205 --		1.3 STREET ADDRESS	8198 S.W. 163 Avenue,
CITY-ST-ZIP MIAMI FL 33134		1.4 CITY-ST-ZIP	Miami, Florida 33193.
TITLE DVS --	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARRIERU, JORGE A -		2.2 NAME	Maria Tejada,
STREET ADDRESS 3971 S.W. 8TH ST., STE. 205 -		2.3 STREET ADDRESS	8110 S.W. 163 Place,
CITY-ST-ZIP MIAMI FL 33134 -		2.4 CITY-ST-ZIP	Miami, Florida 33193
TITLE DST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GONZALEZ, NITZA -		3.2 NAME	Frankie Ball,
STREET ADDRESS 3971 S.W. 8TH ST., STE. 205 --		3.3 STREET ADDRESS	16247 S.W. 81 Street,
CITY-ST-ZIP MIAMI FL 33134 -		3.4 CITY-ST-ZIP	Miami, Florida 33193.
TITLE AVP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUGGER, ROBERT A -		4.2 NAME	Robert Munoz,
STREET ADDRESS 5050 N.W. 74TH AVENUE		4.3 STREET ADDRESS	8151 S.W. 163 Court,
CITY-ST-ZIP MIAMI FL 33166		4.4 CITY-ST-ZIP	Miami, Florida 33193.
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Miguel Lopez,
STREET ADDRESS		5.3 STREET ADDRESS	16264 S.W. 81 Street,
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, Florida 33193.
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Angel Quintana,		6.2 NAME	Frank Diaz,
STREET ADDRESS 16236 S.W. 81st. Terrace,		6.3 STREET ADDRESS	16296 S.W. 82 Street,
CITY-ST-ZIP Miami, Florida 33193.		6.4 CITY-ST-ZIP	Miami, Florida 33193.

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Luisa Bravo,
1.3 STREET ADDRESS	8198 S.W. 163 Avenue,
1.4 CITY-ST-ZIP	Miami, Florida 33193.
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Maria Tejada,
2.3 STREET ADDRESS	8110 S.W. 163 Place,
2.4 CITY-ST-ZIP	Miami, Florida 33193
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Frankie Ball,
3.3 STREET ADDRESS	16247 S.W. 81 Street,
3.4 CITY-ST-ZIP	Miami, Florida 33193.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robert Munoz,
4.3 STREET ADDRESS	8151 S.W. 163 Court,
4.4 CITY-ST-ZIP	Miami, Florida 33193.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Miguel Lopez,
5.3 STREET ADDRESS	16264 S.W. 81 Street,
5.4 CITY-ST-ZIP	Miami, Florida 33193.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Frank Diaz,
6.3 STREET ADDRESS	16296 S.W. 82 Street,
6.4 CITY-ST-ZIP	Miami, Florida 33193.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 checked, or on an attachment with an address.

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

CR2E037 (10/97)