
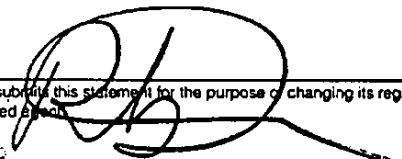
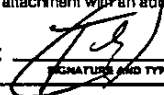


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

5/ **FILED**  
**Jun 30, 2006 8:00 am**  
**Secretary of State**  
 05-08-2006 90305 043 \*\*\*\*61.25

<b>DOCUMENT # N97000000235</b>			
1. Entity Name POINCIANA ROYALE VILLAS CONDOMINIUM II ASSOCIATION, INC.			
Principal Place of Business 3100 NW 72 AVE 125 MIAMI, FL 33122		Mailing Address PO BOX 521458 MIAMI, FL 33152	
2. Principal Place of Business 7953 NW 53 ST		3. Mailing Address 7953 NW 53 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
4. FEI Number 65-0761943		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUSSI, RICARDO 3100 NW 72 AVE 425 MIAMI, FL 33122		Name Robert A. Duggan Sr. Street Address (P.O. Box Number is Not Acceptable) 7953 NW 53 ST City Miami FL Zip Code 33160	
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  (NOTE: Registered Agent signature required when reappointing) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME MANGAS, DAISDENIS	<input checked="" type="checkbox"/> Delete	TITLE PD
STREET ADDRESS 7512 W. 20TH AVE., #205	CITY-ST-ZIP HIALEAH, FL 33016		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD	NAME RIVAS, JOSE	<input checked="" type="checkbox"/> Delete	TITLE TD
STREET ADDRESS 7512 W 20 AVE #204	CITY-ST-ZIP HIALEAH, FL 33016		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	NAME NOGUERIA, ARMANDO	<input checked="" type="checkbox"/> Delete	TITLE
STREET ADDRESS 7512 W 20 AVE	CITY-ST-ZIP HIALEAH, FL 33016		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: _____ Devere Phone #: _____			

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