

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

**FILED**

2006 OCT -3 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09152008 Chg-NP CR2E037 (4/06)

DOCUMENT # N9700000235					
1. Entity Name POINCIANA ROYALE VILLAS CONDOMINIUM II ASSOCIATION, INC.					
Principal Place of Business 7953 NW 53RD ST MIAMI, FL 33166		Mailing Address 7953 NW 53RD ST MIAMI, FL 33166			
2. Principal Place of Business 7512-7532 W. 20 Ave Suite, Apt. #, etc.		3. Mailing Address PO Box 653637 Suite, Apt. #, etc.			
City & State Hialeah FL		City & State MIAMI FL		4. FEI Number 65-0761943 Applied For Not Applicable	
Zip 33016 Country US		Zip 33265 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUGGER, ROBERT A SR 7953 NW 53RD ST NORTH MIAMI BEACH, FL 33166			7. Name and Address of New Registered Agent Name: Maritza Betancourt Street Address (P.O. Box Number is Not Acceptable): Betancourt Mena & Associates 19 W Flagler Street #720 City: Miami FL Zip Code: 33130		
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 re-registering) DATE: _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, JUAN 7578 WEST 20TH AVE SUITE 203 HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rodriguez, Juan A. 7520 W. 20 Ave #203 Hialeah FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	800080385098 10/03/06--01015--004 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEREZ, JOSUE M 7532 WEST 20TH AVE SUITE 201 HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Registered Agent signature required when re-registering) DATE: _____ Daytime Phone # _____					

10/4/06