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Feb 10 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 # 752721 (1)

1. Corporation Name

POINCIANA ISLAND YACHT AND RACQUET CLUB CONDOMIN
IUM ASSOCIATION, INC.

Principal Place of Business

350 POINCIANA ISLAND DR
MIAMI BCH FL 33160

Mailing Address

350 POINCIANA ISLAND DR
MIAMI BCH FL 33160



3. Date Incorporated or Qualified
06/02/1980

3a. Date of Last Report
09/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number
59-2025683

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

BUCHBINDER, STUART
350 POINCIANA ISLAND DRIVE
MIAMI FL 33160

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME GILBERT, JOHN
STREET ADDRESS 350 POINCIANA ISLAND DRIVE
CITY - ST - ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DT ☐ DELETE
NAME ABRAMSON, HERB
STREET ADDRESS 350 POINCIANA ISLAND DR
CITY - ST - ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE TT ☐ DELETE
NAME GRUENWURZEL, LEO
STREET ADDRESS 350 POINCIANA ISLAND DR
CITY - ST - ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE SD ☐ DELETE
NAME SIEBER, PATRICIA
STREET ADDRESS 350 POINCIANA ISLAND DR
CITY - ST - ZIP MIAMI FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DT ☐ DELETE
NAME DONALD, RHODES
STREET ADDRESS 350 POINCIANA ISLAND DR
CITY - ST - ZIP MIAMI FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DT ☐ DELETE
NAME MAVROLEON, MACE
STREET ADDRESS 350 POINCIANA ISLAND DR
CITY - ST - ZIP MIAMI FL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME VF
6.3 STREET ADDRESS SAFAH ANDERSON
6.4 CITY - ST - ZIP 350 POINCIANA IS. DR. MIAMI, FL.

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, as changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078429

CR2E037 (9/96)