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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 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
350 POINCIANA ISLAND DR MIAMI BCH FL 33160 350 POINCIANA ISLAND DR MIAMI BCH FL 33160

3. Date Incorporated or Qualified 06/02/1980 3a. Date of Last Report 09/23/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2025683	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	Zip	Country	28	30
	25	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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		
TITLE	P	<input type="checkbox"/> DELETE
NAME	GILBERT, JOHN	
STREET ADDRESS	350 POINCIANA ISLAND DRIVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ABRAMSON, HERB	
STREET ADDRESS	350 POINCIANA ISLAND DR	
CITY - ST - ZIP	MIAMI FL	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	GRUENWURZEL, LEO	
STREET ADDRESS	350 POINCIANA ISLAND DR	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SIEBER, PATRICIA	
STREET ADDRESS	350 POINCIANA ISLAND DR	
CITY - ST - ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DONALD, RHODES	
STREET ADDRESS	350 POINCIANA ISLAND DR	
CITY - ST - ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MAVROLEON, MACE	
STREET ADDRESS	350 POINCIANA ISLAND DR	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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	VF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SAPAH ANDERSON	
6.3 STREET ADDRESS	350 POINCIANA IS. DR. MIAMI, FL.	
6.4 CITY - ST - ZIP		

JAN 15 1997
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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 or changed, or on an attachment with an address.

SIGNATURE: *[Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)