


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mettham 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 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	
4. FEI Number 59-2025683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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	

2. Principal Place of Business 21 350 Poinciana Is. Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 Same Suite, Apt. #, etc.
22 City & State 23 Sunny Isles Beach FL Zip Country	27 City & State 28 Zip Country
24 33160 25 Dade	29 30

9. Name and Address of Current Registered Agent BUCHBINDER, STUART 350 POINCIANA ISLAND DRIVE MIAMI FL 33160	10. Name and Address of New Registered Agent 81 Name NOT APPLICABLE 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]* **NOT REGISTERED AGENT SIGNED IN ERROR.**
 (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 checked="" 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	VP <input type="checkbox"/> DELETE
NAME	SARAH ANDERSON
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 checked="" type="checkbox"/> Addition
1.2 NAME	Secretary
1.3 STREET ADDRESS	Jill Surface
1.4 CITY-ST-ZIP	350 Poinciana Is. Dr. Sunny Isles Bch, FL
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 checked="" type="checkbox"/> Addition
3.2 NAME	Rosaline Buro
3.3 STREET ADDRESS	350 Poinciana Is. Dr.
3.4 CITY-ST-ZIP	Sunny Isles Bch, FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

CR2E037 (10/97)