


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 13 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mettham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 752721 (1)**

1. Corporation Name  
**POINCIANA ISLAND YACHT AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>350 POINCIANA ISLAND DR                  MIAMI BCH FL 33160</b>	Mailing Address <b>350 POINCIANA ISLAND DR                  MIAMI BCH FL 33160</b>
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3. Date Incorporated or Qualified <b>06/02/1980</b>
4. FEI Number <b>59-2025683</b>
Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No

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

9. Name and Address of Current Registered Agent <b>BUCHBINDER, STUART                  350 POINCIANA ISLAND DRIVE                  MIAMI FL 33160</b>	10. Name and Address of New Registered Agent <b>81 Name NOT APPLICABLE</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City FL</b> <b>85 Zip Code</b>
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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.**  
(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 <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>GILBERT, JOHN</b>	
STREET ADDRESS <b>350 POINCIANA ISLAND DRIVE</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>DT</b>	<input type="checkbox"/> DELETE
NAME <b>ABRAMSON, HERB</b>	
STREET ADDRESS <b>350 POINCIANA ISLAND DR</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>TT</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>GRUENWURZEL, LEO</b>	
STREET ADDRESS <b>350 POINCIANA ISLAND DR</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>SDx Treasurer</b>	<input type="checkbox"/> DELETE
NAME <b>SIEBER, PATRICIA</b>	
STREET ADDRESS <b>350 POINCIANA ISLAND DR</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>DT</b>	<input type="checkbox"/> DELETE
NAME <b>DONALD, RHODES</b>	
STREET ADDRESS <b>350 POINCIANA ISLAND DR</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>SARAH ANDERSON</b>	
STREET ADDRESS <b>350 POINCIANA ISLAND DR</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Jill Surface</b>	
1.3 STREET ADDRESS <b>350 Poinciana Is. Dr.</b>	
1.4 CITY-ST-ZIP <b>Sunny Isles Bch, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>Rosaline Buro DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS <b>350 Poinciana Is. Dr.</b>	
3.4 CITY-ST-ZIP <b>Sunny Isles Bch, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
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)