

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **752721**

1. Entity Name

POINCIANA ISLAND YACHT AND RACQUET CLUB CONDOMIN

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90019 010 ****61.25

Principal Place of Business 350 POINCIANA IS. DR. SUNNY ISLES BEACH FL 33160 US	Mailing Address 350 POINCIANA IS. DR. SUNNY ISLES BEACH FL 33160-4523 US
---------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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. Name and Address of Current Registered Agent

BUCHBINDER, STUART
350 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH FL 33160

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> Delete
NAME	BENNETT, DEREK
STREET ADDRESS	350 POINCIANA ISLAND DRIVE
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160
TITLE	DT <input type="checkbox"/> Delete
NAME	GRUENWUZZEL, LEO
STREET ADDRESS	350 POINCIANA ISLAND DR
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160
TITLE	VP <input type="checkbox"/> Delete
NAME	SURFACE, JILL
STREET ADDRESS	350 POINCIANA IS. DR.
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160
TITLE	T <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	P <input type="checkbox"/> Delete
NAME	SARAH ANDERSON
STREET ADDRESS	350 POINCIANA ISLAND DR
CITY-ST-ZIP	MIAMI FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAIRD, LINDA
STREET ADDRESS	350 POINCIANA ISLAND DRIVE
CITY-ST-ZIP	SUNNY ISLES BEACH, FL. 33160
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 lists empowered.

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

Date _____ Daytime Phone # _____

CR2E037 (9/99)