


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90011 050 ****61.25

DOCUMENT # 752721

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



Principal Place of Business Mailing Address

**350 POINCIANA IS. DR.
 SUNNY ISLES BEACH FL 33160
 US** **350 POINCIANA IS. DR.
 SUNNY ISLES BEACH FL 33160
 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Zip Country Country

4. FEI Number Applied For

59-2025683 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

4404JJJ1



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**SANTIAGO, HERB
 350 POINCIANA ISLAND DRIVE
 SUNNY ISLES BEACH FL 33160**

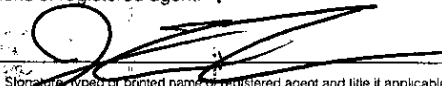
7. Name and Address of New Registered Agent

Name **Juan Rodriguez, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
**9200 SOUTH DADELAN BLVD.
 SUITE 509**

City **Miami** FL Zip Code **33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **7/17/04**

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

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, DEREK	
STREET ADDRESS	350 POINCIANA ISLAND DRIVE	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	P	<input type="checkbox"/> Delete
NAME	GARCIA, D. GEORGINA	
STREET ADDRESS	350 POINCIANA ISLAND DR	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CASADO, HENRY	
STREET ADDRESS	350 POINCIANA IS. DR.	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NAFOALI, VALERIE	
STREET ADDRESS	350 POINCIANA ISLAND DR	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LAZEGA, RUSSEL	
STREET ADDRESS	350 POINCIANA ISLAND DR	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BARD, STEVEN	
STREET ADDRESS	350 POINCIANA ISLAND DR	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee Solomon	
STREET ADDRESS	830 Poinciana Island drive	
CITY-ST-ZIP	Sunny Isles, FL 33160	
TITLE	Vice P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valene Mafdali	
STREET ADDRESS	830 Poinciana Island drive	
CITY-ST-ZIP	Sunny Isles, FL 33160	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gaston Giroit	
STREET ADDRESS	830 Poinciana Island dr.	
CITY-ST-ZIP	Sunny Isles, FL 33160	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheila Caplan	
STREET ADDRESS	830 Poinciana Island dr.	
CITY-ST-ZIP	Sunny Isles, FL 33160	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dora Mandadjiev	
STREET ADDRESS	830 Poinciana Island dr.	
CITY-ST-ZIP	Sunny Isles, FL 33160	
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 like empowered.

SIGNATURE:  DATE: **07/17/04** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR