


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

Mailing Address
350 POINCIANA IS. DR. SUNNY ISLES BEACH FL 33160 US

4404JJJ1



MOORE CR2E037 (11/03)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number
59-2025683

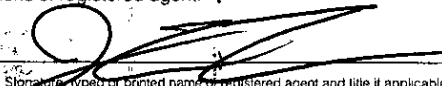
Applied For
 Not Applicable

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

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lee Solomon 850 Poinciana Island drive Sunny Isles, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Valene Mafdali 850 Poinciana Island drive Sunny Isles, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gaston Giroit 850 Poinciana Island dr. Sunny Isles, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sheila Caplan 850 Poinciana Island dr. Sunny Isles, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dora Mandadjiev 850 Poinciana Island dr. Sunny Isles, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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