

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 03, 2006  
Secretary of State**

DOCUMENT# 752721

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2025683      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BLANCH, ROBERTO ESQ.  
201 ALHAMBRA CIRCLE  
1102  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRE ( ) Delete  
Name: SALTMAN, DAVID  
Address: 350 POINCIANA ISLAND DRIVE  
City-St-Zip: SUNNY ISLES, FL 33160

Title: V. P ( ) Delete  
Name: MAFDALI, VALERIE  
Address: 350 POINCIANA ISLAND DR  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: TRE ( ) Delete  
Name: SIROIT, GASTON  
Address: 350 POINCIANA IS. DR.  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: SEC ( ) Delete  
Name: FARBER, SONDRRA  
Address: 350 POINCIANA ISLAND DRIVE  
City-St-Zip: SUNNY ISLES, FL 33160

Title: DIR ( ) Delete  
Name: DR. GARCIA, GEORGINA D  
Address: 350 POINCIANA ISLAND DR  
City-St-Zip: SUNNY ISLES, FL 33160

Title: DIR ( ) Delete  
Name: CAPRA, GREG  
Address: 350 POINCIANA ISLAND DR  
City-St-Zip: SUNNY ISLES, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRE

05/03/2006

\_\_\_\_\_  
Date