
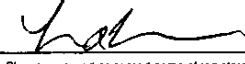
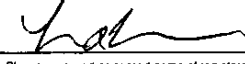
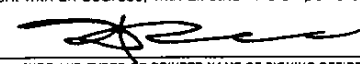
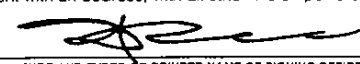


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 752721 1. Entity Name POINCIANA ISLAND YACHT AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.						FILED 07 NOV 16 PM 2: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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			 10022007 Chg-NP CR2E037 (12/06)	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2025683	Applied For Not Applicable		
6. Name and Address of Current Registered Agent BLANCH, ROBERTO ESQ. 201 ALHAMBRA CIRCLE 1102 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name SKRLD, INC. Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle, Suite 1102 City Coral Gables FL 33134					
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		Lisa Lerner, Secretary		October 2, 2007		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRE WEITZ, MOSHE 350 POINCIANA ISLAND DRIVE SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVEN BARD, PRESIDENT 350 POINCIANA ISLAND SUNNY ISLES, FL 33160			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. P TZYDER, IEHUDA 350 POINCIANA ISLAND DR SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IEHUDA TZYDER, DIRECTOR 350 POINCIANA ISLAND SUNNY ISLES, FL 33160			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE CAPRA, GREG 350 POINCIANA IS. DR. SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANIEL SABBAN, VICE PRES 350 POINCIANA ISLAND SUNNY ISLES, FL 33160			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GARCIA, GEORGINA 350 POINCIANA ISLAND DRIVE SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOSHE WEITZ, DIRECTOR 350 POINCIANA ISLAND SUNNY ISLES, FL 33160			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SABBAN, DANIEL 350 POINCIANA ISLAND DR SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BARD, STEVEN 350 POINCIANA ISLAND DR SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400112634524 11/28/07--01007--024 **\$1.25			<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		STEVEN BARD		Date 10/12/07		Daytime Phone # 305-947-2111	