

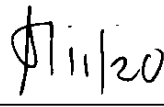



# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 752721</b> 1. Entity Name <b>POINCIANA ISLAND YACHT AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.</b>						<b>FILED</b> <b>07 NOV 16 PM 2: 15</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>350 POINCIANA IS. DR. SUNNY ISLES BEACH, FL 33160 US</b>				Mailing Address <b>350 POINCIANA IS. DR. SUNNY ISLES BEACH, FL 33160 US</b>			
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 <b>59-2025683</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BLANCH, ROBERTO ESQ. 201 ALHAMBRA CIRCLE 1102 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>SKRLD, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 Alhambra Circle, Suite 1102</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>			
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>				<b>Lisa Lerner, Secretary</b>		<b>October 2, 2007</b> <small>DATE</small>	
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRE WEITZ, MOSHE</b> <b>350 POINCIANA ISLAND DRIVE SUNNY ISLES, FL 33160</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STEVEN BARD, PRESIDENT</b> <b>350 POINCIANA ISLAND</b> <b>SUNNY ISLES, FL 33160</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. P TZYDER, IEHUDA</b> <b>350 POINCIANA ISLAND DR SUNNY ISLES BEACH, FL 33160</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IEHUDA TZYDER, DIRECTOR</b> <b>350 POINCIANA ISLAND</b> <b>SUNNY ISLES, FL 33160</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRE CAPRA, GREG</b> <b>350 POINCIANA IS. DR. SUNNY ISLES BEACH, FL 33160</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DANIEL SABBAN, VICE PRES</b> <b>350 POINCIANA ISLAND</b> <b>SUNNY ISLES, FL 33160</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC GARCIA, GEORGINA</b> <b>350 POINCIANA ISLAND DRIVE SUNNY ISLES, FL 33160</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MOSHE WEITZ, DIRECTOR</b> <b>350 POINCIANA ISLAND</b> <b>SUNNY ISLES, FL 33160</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR SABBAN, DANIEL</b> <b>350 POINCIANA ISLAND DR SUNNY ISLES, FL 33160</b>	<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	<b>DIR BARD, STEVEN</b> <b>350 POINCIANA ISLAND DR SUNNY ISLES, FL 33160</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400112634524</b> <b>11/28/07--01007--024 **61.25</b>	<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>				<b>10/12/07</b> <small>Date</small>		<b>305-947-2111</b> <small>Daytime Phone #</small>	

STEVEN BARD

SCANNED