


2008 FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 361830						<p style="font-size: 1.2em; margin: 0;">FILED</p> <p style="margin: 0;">08 DEC 22 AM 10:49</p> <p style="margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>			
1. Entity Name POINCIANA NEW TOWNSHIP, INC.				Principal Place of Business				Mailing Address	
201 ALHAMBRA CIR 12TH FLR CORAL GABLES, FL 33134 US				P.O. BOX 026000 MIAMI, FL 33102 US					
2. Principal Place of Business - No P.O. Box #				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				12162008 Chg-P CR2E034 (12/06)	
City & State				City & State				4. FEI Number 59-1288187	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
KERRIGAN, JUANITA I. 201 ALHAMBRA CIR 12TH FLR CORAL GABLES, FL 33134						Name			
						Street Address (P.O. Box Number is Not Acceptable)			
						City			
						FL		Zip Code	
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 _____									
<p style="margin: 0;">700139209657</p> <p style="margin: 0;">12/22/08--01060--005 **70.00</p>									
<p style="margin: 0; font-size: 0.8em;">Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</p>									
Amended AR Is \$61.25				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	VSD	<input type="checkbox"/> Delete			TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KERRIGAN, JUANITA				NAME	LEVY, MICHAEL			
STREET ADDRESS	201 ALHAMBRA CIR- 12TH LFR				STREET ADDRESS	201 ALHAMBRA CIRCLE, 12FL			
CITY-ST-ZIP	CORAL GABLES, FL 33134				CITY-ST-ZIP	CORAL GABLES, FL 33134			
TITLE	VD	<input type="checkbox"/> Delete			TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KOTLER, RANDY L				NAME	YUNES, HENRY			
STREET ADDRESS	201 ALHAMBRA CIR, 12 FL				STREET ADDRESS	201 ALHAMBRA CIRCLE, 12FL			
CITY-ST-ZIP	CORAL GABLES, FL 33134				CITY-ST-ZIP	CORAL GABLES, FL 33134			
TITLE	V	<input type="checkbox"/> Delete			TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RAYMOND, WARREN				NAME	WEIDA, RICHARD P.			
STREET ADDRESS	201 ALHAMBRA CIR- 12TH LFR				STREET ADDRESS	201 ALHAMBRA CIRCLE, 12FL			
CITY-ST-ZIP	CORAL GABLES, FL 33134				CITY-ST-ZIP	CORAL GABLES, FL 33134			
TITLE	T	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RAMA, MICHAEL				NAME				
STREET ADDRESS	201 ALHAMBRA CIR- 12TH LFR				STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL 33134				CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FLETCHER, PATRICIA K				NAME				
STREET ADDRESS	201 ALHAMBRA CIR.				STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33134				CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					CITY-ST-ZIP				
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 607, 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: <i>Juanita I. Kerrigan</i> JUANITA I. KERRIGAN					Date: 12/19/08		Daytime Phone #: (305) 442-7000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									

JC 12/29