

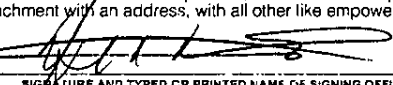



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 729034					
1. Entity Name ROYAL POINCIANA CONDOMINIUM, INC.					
Principal Place of Business 790 WEST 20 STREET HIALEAH, FL 33010			Mailing Address 790 WEST 20 STREET HIALEAH, FL 33010		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01142008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1577347	
				Applied For Not Applicable	
				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		
FOUR POINTS PROPERTY MANAGEMENT, INC. 790 WEST 20 STREET HIALEAH, FL 33010			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 				DATE 	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRANDA, LUIS		NAME		
STREET ADDRESS	309 SOUTH ROYAL POINCIANA		STREET ADDRESS	U00000937546	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33016		CITY-ST-ZIP	05/27/08-80053-021 61.25	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, EMILY		NAME		
STREET ADDRESS	309 S. ROYAL POINCIANA		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS, FL 33016		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOSTOCK, DAVID		NAME		
STREET ADDRESS	309 S. ROYAL POINCIANA		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS, FL 33016		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AYNAT, CRISTINA		NAME		
STREET ADDRESS	309 S. ROYAL POINCIANA		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS, FL 33016		CITY-ST-ZIP		
TITLE	DD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESTEVEZ, MARIETTA		NAME		
STREET ADDRESS	309 S. ROYAL POINCIANA		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS, FL 33016		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 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 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	
				DAYTIME PHONE #	