

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729034

FILED
Apr 13, 2009
Secretary of State

Entity Name: ROYAL POINCIANA CONDOMINIUM, INC.

Current Principal Place of Business:

790 WEST 20 STREET
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

790 WEST 20 STREET
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 59-1577347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUR POINTS PROPERTY MANAGEMENT, INC.
790 WEST 20 STREET
HIALEAH, FL 33010 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: PD () Delete
Name: GRANDA, LUIS
Address: 309 SOUTH ROYAL POINCIANA
City-St-Zip: MIAMI SPRINGS, FL 33016

Title: S () Delete
Name: GIRALDO, EDITH
Address: 309 S. ROYAL POINCIANA
City-St-Zip: MIAMI SPRINGS, FL 33016

Title: V () Delete
Name: ESTEVEZ, MARIETTA
Address: 309 S. ROYAL POINCIANA
City-St-Zip: MIAMI SPRINGS, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GRANDA, LUIS
Address: 790 WEST 20TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: S (X) Change () Addition
Name: GIRALDO, EDITH
Address: 790 WEST 20TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: V (X) Change () Addition
Name: ESTEVEZ, MARIETTA
Address: 790 WEST 20TH STREET
City-St-Zip: HIALEAH, FL 33010

I hereby certify that the information supplied with this filing does not qualify 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: LUIS GRANDA

PD

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date