2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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STREET ADDRESS

CITY-ST-7IP

Apr 07, 2006 8:00 am Secretary of State **DOCUMENT # 744507** 04-07-2006 90033 049 ****61.25 1. Entity Name POINCIANA ESTATES CONDOMINIUM NO. 2 ASSOCIATION, INC. Principal Place of Business Mailing Address 9255 SW 8TH TERR 9255 SW 8TH TERR **MIAMI FL 33174** MIAMI FL 33174 2. Principal Place of Business 3. Maifing Address Suite, Apt. #, etc. - Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PUIG, PEDRO Street Address (P.O. Box Number is Not Acceptable) 2250 SW 3RD.AVE MIAMI FL 33129 City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD ☐ Delete TITLE TITLE ☐ Change ☐ Addition BENITEZ, ENRIQUE L NAME NAME 9255 SW 8TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-ZIP TERESA ARISTA-SALADO. 9257 SW 8 TH TERRACE MIAMI. FLORIDA 33/74 TITLE SD XX Delete TITLE ☐ Addition ORTIZ, JACQUELINE W.Y. NAME STREET ADDRESS 9257 SW 8TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33174 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition BENITEZ, MARIA NAME NAME STREET ADDRESS 9255 SW 8TH TERR STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. ENRIQUE L. BENITEZ. rut protection and appeared

STREET ADDRESS

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