

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000004697

1. Entity Name
ROYAL POINCIANA CONDOMINIUM ASSOCIATION OF
MIAMI SPRINGS, INC.



APPROVED
AND
FILED

18 MAR 11 AM 6:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-14-08

Principal Place of Business
241 SOUTH ROYAL POINCIANA BLVD.
MIAMI SPRINGS, FL 33175

Mailing Address
241 SOUTH ROYAL POINCIANA BLVD.
MIAMI SPRINGS, FL 33175

2. Principal Place of Business - No P.O. Box #
12350 SW 132 Court

3. Mailing Address
12350 SW 132 Ct

Suite, Apt. #, etc.
Suite 114

Suite, Apt. #, etc.
Suite 114

City & State
Miami, FL

City & State
Miami, FL

Zip
33184

Zip
33184

Country
USA

Country
USA

6. Name and Address of Current Registered Agent

BALOYRA, JOSE L.
2950 SW 27TH AVE., SUITE 300
MIAMI, FL 33133

Name
Jose L. Baloyra

Street Address (P.O. Box Number is Not Acceptable)
5835 Blue Lagoon Dr. Ste. 302

City
Miami

FL
Zip Code
33124

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
Jose Baloyra

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDEROS, JORGE 5835 BLUE LAGOON DR., SUITE 302 MIAMI, FL 33126	<input 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	VSD MEDEROS, ZANDRA 5835 BLUE LAGOON DR., SUITE 302 MIAMI, FL 33126	<input 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	TD GUERRA, SONNIA 5835 BLUE LAGOON DR., SUITE 302 MIAMI, FL 33126	<input 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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

2/19/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #