

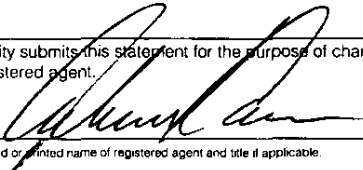
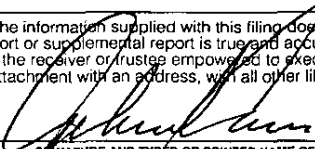
2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 SEP -8 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N31101					
1. Entity Name POINCIANA SUNSET HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7390 SW 109 PLACE MIAMI, FL 33173			Mailing Address PO BOX 831132 MIAMI, FL 33283-1132 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 65-0104212				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUGILO, ROBERT MR. 10962 S.W. 74 STREET MIAMI, FL 33173			Name <u>Castro, Gabriel</u> Street Address (P.O. Box Number is Not Acceptable) <u>10957 SW 73 Street</u> City <u>Miami</u> FL Zip Code <u>33173</u>		
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 <u>09/02/09</u> 		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	☒ Delete	TITLE	VPD	☐ Change ☒ Addition
NAME	RUGILO, ROBERT MR		NAME	SAavedra, Jacqueline	
STREET ADDRESS	10962 S.W. 74 STREET		STREET ADDRESS	10978 SW 73 Street	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	Miami, FL 33173	
TITLE	VPD	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	PEREZ, HORACIO MR		NAME	Contreras, SAUL E.	
STREET ADDRESS	10978 S.W. 74 STREET		STREET ADDRESS	10968 SW 73 terrace	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	Miami, FL 33173	
TITLE	SD	☒ Delete	TITLE	SD	☐ Change ☒ Addition
NAME	GARCIA, MAGALY MRS		NAME	Perez, ELISA L.	
STREET ADDRESS	7234 SW 109 PLACE		STREET ADDRESS	10978 SW 74 Street	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	Miami, FL 33173	
TITLE	TD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	CASTRO, GABRIEL MR.		NAME	Castro, Gabriel	
STREET ADDRESS	10957 S.W. 73 STREET		STREET ADDRESS	10957 S.W. 73 Street	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	Miami, FL 33173	
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VALDES, LUISA		NAME		
STREET ADDRESS	7235 SW 109 PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 <u>09/02/09</u> Daytime Phone # <u>305-227-3727</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					