## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33691

FILED Apr 06, 2009 Secretary of State

Entity Nan	ne: POINCIAN	NA AT KENDALL II HOMEOWI	NERS ASSOCIATION, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
14275 S.W MIAMI, FL					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
14275 S.W MIAMI, FL					
FEI Number:	65-0138963	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
TRAIY, CAI 10570 NW MIAMI, FL	27 STREET #	:103			
The above in the State		ubmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PDD () GARCIA, JOHN 11717 S.W. 93 MIAMI, FL 3318		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TSD () JORGE, MARIA 11707 SW 93 T MIAMI, FL 3318	ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () VILLENA, ROBE 11767 S.W. 93 MIAMI, FL 3318	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JOHN GARCIA P 04/06/2009