


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90085 025 \*\*\*\*61.25


**DOCUMENT # N33692**

1. Entity Name  
**POINCIANA AT KENDALL III HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 11750 S.W. 94 STREET MIAMI, FL 33186	Mailing Address 400 S.W. 107TH AVE. SUITE 312 MIAMI, FL 33174
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**DO NOT WRITE IN THIS SPACE**



04052007 No Chg-NP CR2E037 (4/06)

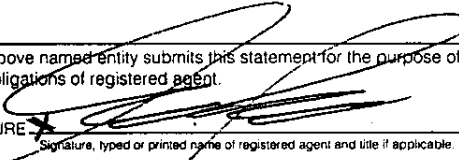
4. FEI Number 65-0138592	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ENEIDA, RANGEL  
 11750 SW 94TH ST  
 MIAMI, FL 33186

**DO NOT WRITE IN THIS SPACE**

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: 4/11/2007

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fees \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILHEM, SUSANA 9380 SW 118 PLACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BESS, PETER 11820 SW 94 STRESS MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RANGEL, ENEIDA 11750 SW 94 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MADURO, JOANN 11781 SW 94 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, CARLOS 11770 S.W. 94 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  Eneida Rangel 4/11/2007 (305) 220-5684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*President*