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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90112 035 \*\*\*\*61.25

0023453

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N96000005744**

1. Corporation Name  
**POINCIANA WEST NO. 2 CONDOMINIUM ASSOCIATION, IN C.**

Principal Place of Business  
 2900 WEST 84TH STREET  
 HIALEAH FL 33016

Mailing Address  
 2900 WEST 84TH STREET  
 HIALEAH FL 33016



|                                |  |                     |                       |   |  |
|--------------------------------|--|---------------------|-----------------------|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |                       | 3. Date Incorporated or Qualified   |  |
| 21                             |  | 26                  | <b>2828 CORAL WAY</b> | <b>11/08/1996</b>   |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |                       | 4. FEI Number   |  |
| 22                             |  | 27                  | <b>SUITE 435</b>      | <b>65-0733096</b>   |  |
| City & State                   |  | City & State        |                       | 5. Certificate of Status Desired <input type="checkbox"/>                       |  |
| 23                             |  | 28                  | <b>MIAMI, FL</b>      | <b>\$8.75 Additional Fee Required</b>   |  |
| Zip                            |  | Zip                 |                       | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  |
| 24                             |  | 29                  | <b>33145</b>          | <b>\$5.00 May Be Added to Fees</b>  |  |
| Country                        |  | Country             |                       | 30  |  |

|  |  |  |              |  |  |    |          |  |
|--|--|--|--------------|--|--|----|----------|--|
| 9. Name and Address of Current Registered Agent  |  |  |              | 10. Name and Address of New Registered Agent |  |    |          |  |
| <b>CASTANEDA, JORGE LUIS</b><br><b>2900 W 80 ST</b><br><b>APT 119</b><br><b>HIALEAH FL 33018</b> |  |  |              | 81   | Name   |    |          |  |
|  |  |  |              | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |          |  |
|  |  |  |              | 83   | SUITE -435   |    |          |  |
|  |  |  |              | 84   | City   | 85 | Zip Code |  |
|  |  |  | <b>MIAMI</b> | <b>FL</b>                                    | <b>33130</b>                                       |    |          |  |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Juan L. Castaneda (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | DP <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CASTANEDA, JORGE LUIS JR</b>               | 1.2 NAME  | <b>JUAN MIRO</b>  |
| STREET ADDRESS             | <b>2905 W 80 ST STE 119</b>                   | 1.3 STREET ADDRESS                                    | <b>2828 CORAL WAY, SUITE 435</b>  |
| CITY-ST-ZIP                | <b>HIALEAH FL 33018</b>                       | 1.4 CITY-ST-ZIP                                       | <b>MIAMI, FL 33145</b>  |
| TITLE                      | DT <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME                       | <b>REMIS, VERONICA</b>                        | 2.2 NAME  |   |
| STREET ADDRESS             | <b>2985 W 80 ST STE 224</b>                   | 2.3 STREET ADDRESS                                    | <b>2828 CORAL WAY, SUITE 435</b>  |
| CITY-ST-ZIP                | <b>HIALEAH FL 33018</b>                       | 2.4 CITY-ST-ZIP                                       | <b>MIAMI, FL 33145</b>  |
| TITLE                      | DS <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | <b>ARISOL, LAM</b>                            | 3.2 NAME  |   |
| STREET ADDRESS             | <b>2900 W 80 ST STE 204</b>                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>HIALEAH FL 33018</b>                       | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juan L. Castaneda SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: 2/16/99 DAYTIME PHONE #: (305) 461-5562

CR2E037 (1/198)