



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N96000005744	
1. Entity Name POINCIANA WEST NO. 2 CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2900 WEST 84TH STREET HIALEAH, FL 33016	Mailing Address 9360 SUNSET DRIVE SUITE 252 MIAMI, FL 33173
---	--

**DO NOT WRITE IN THIS SPACE**

	
01072005 No Chg-NP	CR2E037 (10/03)
4. FEI Number 65-0733096	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

MELONI, EDO  
 900 SW 40TH AVENUE  
 PLANTATION, FL 33317

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

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	DP Vega Clara 9415 SUNSET DRIVE, SUITE 149 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOPEZ, MIGUEL 9415 SUNSET DRIVE, #149 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000233714  
 02/17/05-80051-012 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Clara Vega 02/14/05 305.630.3660

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