


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000005745</b> 1. Entity Name <b>POINCIANA WEST NO. 1 CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>2925 W. 60 ST. HIALEAH FL 33018</b>	Mailing Address <b>900 W. 49 ST. STE. 220 HIALEAH FL 33012</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

1st MOORE CR2E037 (10/05)

4. FEI Number **65-0719958**  Applied For  
Not Applied

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DELATORRE, CLEMENTE J  
900 W. 49 ST.  
STE. 220  
HIALEAH FL 33012**

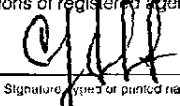
7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 re-registering) 1/31/06

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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		<input type="checkbox"/> Delete
TITLE	PD <b>ZAYAS, JUAN C</b>	<input type="checkbox"/> Delete
NAME	<b>900 W 49 ST., SUITE 220</b>	
STREET ADDRESS	<b>HIALEAH FL 33012</b>	
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>BELLO, BRENDA</b>	
STREET ADDRESS	<b>900 WEST 49 STREET #220</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, PEDRO</b>	
STREET ADDRESS	<b>900 WEST 49 STREET #220</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 10)		<input type="checkbox"/> Change	<input type="checkbox"/> ADD
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> ADD
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> ADD
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> ADD
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> ADD
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

000000436416  
02/27/06-80036-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.