

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP 19 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09042007 Chg-NP CR2E037 (12/06)

DOCUMENT # N97000005343

1. Entity Name  
POINCIANA LAKES VILLAS CONDOMINIUM ONE  
ASSOCIATION, INC.



Principal Place of Business  
5979 NW 151ST STREET  
SUITE 101  
MIAMI LAKES, FL 33014

Mailing Address  
P.O. BOX 160718  
HIALEAH, FL 33016

2. Principal Place of Business - No P.O. Box #  
790 WEST 20 STREET  
Suite, Apt. #, etc.

3. Mailing Address  
790 WEST 20 STREET  
Suite, Apt. #, etc.

City & State  
Hialeah, FL  
Zip  
33010  
Country  
USA

City & State  
Hialeah, FL  
Zip  
33010  
Country  
USA

4. FEI Number  
65-0802997  
Applied For  
Not Applicable

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

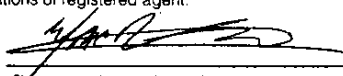
## 6. Name and Address of Current Registered Agent

FLORIDA'S PROPERTY MANAGEMENT GROUP INC  
5979 NW 151ST STREET  
SUITE 101  
MIAMI LAKES, FL 33014

## 7. Name and Address of New Registered Agent

Name  
FOUR POINTS PROPERTY MANAGEMENT  
Street Address (P.O. Box Number is Not Acceptable)  
790 WEST 20 STREET  
City  
Hialeah FL Zip Code  
33010

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   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/29/07  
DATE

Amended AR is \$61.25

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

TITLE ~~SD~~ ☒ Delete  
NAME PEREZ, VIVIANA  
STREET ADDRESS 5979 NW 151ST STREET  
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE ~~TD~~ ☒ Delete  
NAME MAVILA, MARIA  
STREET ADDRESS 5979 NW 151ST STREET  
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE ~~LD~~ ☒ Delete  
NAME DE JESUS, ESTELA  
STREET ADDRESS 5979 NW 151ST STREET  
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE ~~LD~~ ☒ Delete  
NAME DIAMANTE, YURIEL  
STREET ADDRESS 5979 NW 151 STREET  
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~PD~~ ☐ Change ☒ Addition  
NAME ERIK MIRANDA  
STREET ADDRESS 790 W 20 ST  
CITY-ST-ZIP Hialeah, FL 33010

TITLE ~~TD~~ ☒ Change ☐ Addition  
NAME MARIA MAVILA  
STREET ADDRESS 790 W 20 ST  
CITY-ST-ZIP Hialeah, FL 33010

TITLE ~~SD~~ ☒ Change ☐ Addition  
NAME VIVIANA PEREZ  
STREET ADDRESS 790 W 20 ST  
CITY-ST-ZIP Hialeah, FL 33010

TITLE ~~D~~ ☒ Change ☐ Addition  
NAME ESTELA DE JESUS  
STREET ADDRESS 790 W 20 ST  
CITY-ST-ZIP Hialeah, FL 33010

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/07  
Date

305-403-0585  
Daytime Phone #