

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90012 048 ****61.25



DOCUMENT # N98000001994
 1. Entity Name
ROYAL POINCIANA INDUSTRIAL PARK CONDOMINIUM NO. 1, ASSOCIATION INC.

Principal Place of Business: **8500-30 NW 61 STREET MIAMI FL 33166**
 Mailing Address: **P.O. BOX 228055 MIAMI FL 33222**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **65-0835946** Applied For: Not Applicable

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



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
MP PROPERTY MANAGEMENT
ATTN: M. PALACIOS
2600 NORTHWEST 87 AVENUE #32
MIAMI FL 33122

7. Name and Address of New Registered Agent
 Name: **MP Property Management**
 Street Address (P.O. Box Number is Not Acceptable): **8390 NW 53 ST #313**
 City: **Miami** State: **FL** Zip: **33166**

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]* DATE: **1/29/08**

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BLANCO, OSCAR		NAME:	
STREET ADDRESS: 8500 NW 61 STREET		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33166		CITY-ST-ZIP:	
TITLE: VP	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MEDINA, DIEGO		NAME:	
STREET ADDRESS: 8524 NW 61ST STREET		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33166		CITY-ST-ZIP:	
TITLE: SD	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DIAZ, ROSA		NAME:	
STREET ADDRESS: 8518 NW 61 STREET		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33166		CITY-ST-ZIP:	
TITLE: VP	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DIAZ, RAFAEL		NAME:	
STREET ADDRESS: 8515 NW 61ST STREET		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33166		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

12. I hereby certify that the information reported 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.

SIGNATURE: *[Signature]* DATE: **1/29/08**