I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

Ρ

City-State-Zip: HIALEAH FL 33012

SIGNATURE:

Officer/Dired	ctor Detail :		
Title	PD	Title	TD
Name	QUESADA, JOSE	Name	HERNANDEZ, PEDRO
Address	900 W 49 ST., SUITE 220	Address	900 WEST 49 STREET #220
Citv-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT			
	2021 FLORIDA N	IOT FOR PROFIT CORF	PORATION ANNUAL REPORT

#### DOCUMENT# N96000005745

# Entity Name: POINCIANA WEST NO. 1 CONDOMINIUM ASSOCIATION, INC.

# **Current Principal Place of Business:**

2925 W. 80 ST. HIALEAH, FL 33018

### **Current Mailing Address:**

900 W. 49 ST. STE. 220 HIALEAH, FL 33012

# FEI Number: 65-0719958

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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

Date

Electronic Signature of Signing Officer/Director Detail

FILED Jan 29, 2021 Secretary of State 9389426909CC

Date

Certificate of Status Desired: No

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.