



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90307 025 ****61.25

DOCUMENT # 744838					
1. Entity Name PALM BEACH POLO AND COUNTRY CLUB PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 11199 POLO CLUB RD WELINGTON, FL 33414 US		Mailing Address 11199 POLO CLUB RD WELINGTON, FL 33414 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GALLE, CRAIG 11199 POLO CLUB RD WELINGTON, FL 33414				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 reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GALLE, CRAIG	NAME	ROBERT BUSBY		
STREET ADDRESS	11198 POLO CLUB RD	STREET ADDRESS	11198 POLO CLUB ROAD		
CITY-ST-ZIP	WELINGTON, FL 33414	CITY-ST-ZIP	WELINGTON, FL 33414		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GARCIA, CALIXTO	NAME	DUANE CHRISTENSEN		
STREET ADDRESS	11198 POLO CLUB ROAD	STREET ADDRESS	11198 POLO CLUB ROAD		
CITY-ST-ZIP	WELINGTON, FL 33414	CITY-ST-ZIP	WELINGTON, FL 33414		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WELSH, JACK	NAME	ANGELA SERGEANT		
STREET ADDRESS	11198 POLO CLUB RD	STREET ADDRESS	11198 POLO CLUB ROAD		
CITY-ST-ZIP	WELINGTON, FL 33414	CITY-ST-ZIP	WELINGTON, FL 33414		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SAL SPANO	NAME	CAROLE BROWNE		
STREET ADDRESS	11198 POLO CLUB ROAD	STREET ADDRESS	11198 POLO CLUB ROAD		
CITY-ST-ZIP	WELINGTON, FL 33414	CITY-ST-ZIP	WELINGTON, FL 33414		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LANCIANESE, PERRY	NAME	STEPHEN ORTHWEIN		
STREET ADDRESS	11198 POLO CLUB RD	STREET ADDRESS	11198 POLO CLUB ROAD		
CITY-ST-ZIP	WELINGTON, FL 33414	CITY-ST-ZIP	WELINGTON, FL 33414		
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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: <i>Robert Busby</i> Director/President 4/6/05 561-778-7113					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					