


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**


**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
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1877090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLE, CRAIG  
 11199 POLO CLUB RD  
 WELLINGTON, FL 33414

**DO NOT WRITE IN THIS SPACE**

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) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GALLE, CRAIG
STREET ADDRESS	11198 POLO CLUB RD
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	GARCIA, CALIXTO
STREET ADDRESS	11198 POLO CLUB ROAD
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	BUSHEY, ROBERT
STREET ADDRESS	11198 POLO CLUB RD
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	SAL SPANO
STREET ADDRESS	11198 POLO CLUB ROAD
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	LANCIANESE, PERRY
STREET ADDRESS	11198 POLO CLUB RD
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	SERGEANT, ANGELA
STREET ADDRESS	11198 POLO CLUB ROAD
CITY-ST-ZIP	WELLINGTON, FL 33414

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U00000588612  
 01/17/07-80079-021 61.25

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:** *Sergeant, Angela* Director - President 1/3/07 561-798-7113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #