

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90185 049 ****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**

JUUZ0001



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1877090**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLE, CRAIG
11199 POLO CLUB RD
WELINGTON FL 33414**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Delete
D GALLE, CRAIG 11809 POLO CLUB RD WELINGTON FL 33414	<input type="checkbox"/>
D GARCIA, CALIXTO 11809 POLO CLUB ROAD WELINGTON FL 33414	<input type="checkbox"/>
D WELSH, JACK 11199 POLO CLUB RD WELINGTON FL 33414	<input type="checkbox"/>
D SAL SPANO 11809 POLO CLUB ROAD WELINGTON FL 33414	<input type="checkbox"/>
D SKINNER, HAROLD 11199 POLO CLUB RD WELINGTON FL 33414	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
D, PERRY LANCIANESE 11199 POLO CLUB ROAD WELINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/>	<input type="checkbox"/>

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 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:

CRAIG T. GALLE/DIRECTOR 1/8/03 561-798-7033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dealing Phone #

CR2E037 (10/02)