

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 750571 (2)

1. Corporation Name

SOUTHFIELDS OF PALM BEACH POLO AND COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3132 FORTUNE WAY.#D-32 WEST PALM BEACH FL 33414

3132 FORTUNE WAY.#D-32 WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified 01/11/1980

3a. Date of Last Report 04/19/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-1990866

Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEXANDER, LARRY B.  
601 FLAGLER DRIVE COURT  
WEST PALM BEACH FL 33411

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HAYES, ROY  
STREET ADDRESS 3285 SANTA BARBARA DR  
CITY-ST-ZIP WEST PALM BCH FL 33414

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE VD  
NAME FIRESTONE, MAT  
STREET ADDRESS 3175 SANTA BARBARA DRIVE  
CITY-ST-ZIP WEST PALM BCH FL 33414

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE SD  
NAME HERNANDEZ, JUDY  
STREET ADDRESS 152 ROY COURT CIRCLE  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE D  
NAME HERNANDEZ, MARGIE  
STREET ADDRESS 4068 FOREST HILL BLVD. #5  
CITY-ST-ZIP WEST PALM BEACH FL 33406

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE TD  
NAME SCHERER, ALLAN  
STREET ADDRESS 3132 FORTUNE WAY.#D-32  
CITY-ST-ZIP WEST PALM BCH FL

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Allan D. Scherer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ALLAN D. SCHERER

1-26-96 407-793-7331  
Date Daytime Phone #

CR2E037 (12/95)