

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33414-6726

3. Date Incorporated or Qualified  
01/11/1980

3a. Date of Last Report  
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE D-33

27 SUITE D-33

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1990866

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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  
DONALD P. DUFRESNE

82 Street Address (P.O. Box Number is Not Acceptable)  
12788 FOREST HILL BLVD

83 2ND FLOOR

84 City WEST PALM BEACH FL 85 Zip Code 33414

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

DONALD P. DUFRESNE

2/10/97

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

(NOTE: Registered Agent signature required when resetting)

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  DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  Change  Addition

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  Change  Addition

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  Change  Addition

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  Change  Addition

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  Change  Addition

14. I do 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 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 2/7/97 561-793-7331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041135

CR2E037 (9/96)