

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750571** (2)

1. Corporation Name  
**SOUTHFIELDS OF PALM BEACH POLO AND COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>3132 FORTUNE WAY, #D-32 SUITE D-33 WEST PALM BEACH FL 33414 US</b>	Mailing Address <b>3132 FORTUNE WAY, #D-32 SUITE D-33 WEST PALM BEACH FL 33414 US</b>
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3. Date Incorporated or Qualified  
**01/11/1980**

4. FEI Number  
**59-1990866**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

City & State  
**22**

City & State  
**27**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

Zip Country  
**23**

Zip Country  
**28**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**DUFRESNE, DONALD P.  
12765 FOREST HILL BLVD  
2ND FLOOR  
WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent

81 Name  
**MICHAEL H. NELSON**

82 Street Address (P.O. Box Number is Not Acceptable)  
**12765 W. FOREST HILL BLVD #1302**

83  
**WELLINGTON 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 obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE: *Michael H. Nelson* AS 4/15/98 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAYES, ROY	
STREET ADDRESS	<del>3205 SANTA BARBARA DR</del>	
CITY-ST-ZIP	<del>WEST PALM BCH FL 33414</del>	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FIRESTONE, MATT MATT	
STREET ADDRESS	<del>8176 SANTA BARBARA DRIVE</del>	
CITY-ST-ZIP	<del>WEST PALM BCH FL</del>	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, JUDY	
STREET ADDRESS	<del>152 ROY COURT CIRCLE</del>	
CITY-ST-ZIP	<del>ROYAL PALM BEACH FL 33411</del>	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, MARGIE	
STREET ADDRESS	<del>4000 FOREST HILL BLVD #5</del>	
CITY-ST-ZIP	<del>WEST PALM BEACH FL 33406</del>	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHERER, ALLAN	
STREET ADDRESS	<del>3132 FORTUNE WAY, #D-32</del>	
CITY-ST-ZIP	<del>WEST PALM BCH FL</del>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>12765 W Forest Hill Blvd #1302</b>
1.4 CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>FIRESTONE MATT</b>
2.3 STREET ADDRESS	<b>12765 W FOREST HILL BLVD #1302</b>
2.4 CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>12765 W FOREST HILL BLVD #1302</b>
3.3 STREET ADDRESS	<b>WELLINGTON FL 33414</b>
3.4 CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>12765 W FOREST HILL BLVD #1302</b>
4.3 STREET ADDRESS	<b>WELLINGTON FL 33414</b>
4.4 CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>12765 W FOREST HILL BLVD #1302</b>
5.3 STREET ADDRESS	<b>WELLINGTON FL 33414</b>
5.4 CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>MICHAEL H. NELSON</b>
6.3 STREET ADDRESS	<b>12765 WEST FOREST HILL BLVD #1302</b>
6.4 CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>

14. 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 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 on an attachment with an address.

SIGNATURE: *Michael H. Nelson* AS 4/15/98 561-73-7266 DATE Daytime Phone # 0042072

CR2E037 (10/97)