

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90005 033 \*\*\*\*61.25

0042325

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 750571

1. Corporation Name

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

Principal Place of Business

12765 W. FOREST HILL BLVD. #1302  
WELLINGTON FL 33414  
US

Mailing Address

12765 W. FOREST HILL BLVD. #1302  
WELLINGTON FL 33414  
US

334022 - 00005 - JJ



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

01/11/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1990866

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, MICHAEL  
12765 W. FOREST HILL BLVD. #1302  
WELLINGTON FL 33414

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

NAME HAYES, ROY  
STREET ADDRESS 12765 W. FOREST HILL BLVD. #1302  
CITY-ST-ZIP WELLINGTON FL 33414

1.1 TITLE  Addition

1.2 NAME D  
1.3 STREET ADDRESS ~~11809 POLO CLUB ROAD~~/SAL SPANO  
1.4 CITY-ST-ZIP 11809 POLO CLUB ROAD  
WEST PALM BEACH FL 33414-7269

TITLE  DELETE

NAME FIRESTONE, MATT  
STREET ADDRESS 12765 W. FOREST HILL BLVD. #1302  
CITY-ST-ZIP WELLINGTON FL 33414

2.1 TITLE  Addition

2.2 NAME D  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE

NAME HERNANDEZ, JUDY  
STREET ADDRESS 12765 W. FOREST HILL BLVD. #1302  
CITY-ST-ZIP WELLINGTON FL 33414

3.1 TITLE  Addition

3.2 NAME ~~11809 POLO CLUB ROAD~~/CRAIG GALLE  
3.3 STREET ADDRESS 11809 POLO CLUB ROAD  
3.4 CITY-ST-ZIP WEST PALM BEACH FL 33414-7269

TITLE  DELETE

NAME HERNANDEZ, MARGIE  
STREET ADDRESS 12765 W. FOREST HILL BLVD. #1302  
CITY-ST-ZIP WELLINGTON FL 33414

4.1 TITLE  Addition

4.2 NAME D  
4.3 STREET ADDRESS ~~11809 POLO CLUB ROAD~~/GLENN STRAUB  
4.4 CITY-ST-ZIP 11809 POLO CLUB ROAD  
WEST PALM BEACH FL 33414-7269

TITLE  DELETE

NAME SCHERER, ALLAN  
STREET ADDRESS 12765 W. FOREST HILL BLVD. #1302  
CITY-ST-ZIP WELLINGTON FL 33414

5.1 TITLE  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE

NAME AS  
NELSON, MICHAEL H.  
STREET ADDRESS 12765 W. FOREST HILL BLVD. #1302  
CITY-ST-ZIP WELLINGTON FL 33414

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, or in an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E03Z (1/198)