2004 NOT-EOR-DROFIT CORPORATION

FILED Mar 22, 2004 8:00 am **Secretary of State**

03-22-2004 90026 034 ****61.25

ANNUAL REPORT	
DOCUMENT # 750571	
1. Entity Name	

SOUTHFIELDS OF PALM BEACH POLO AND COUNTRY

CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address 12785-C FOREST HILL BLVD. 54020317 12785-C FOREST HILL BLVD. WELLINGTON, FL 33414 US WELLINGTON, FL 33414 US 2. Principal Place of Business How Brainane Farms Mailing Address, Hol-B-Fairland Suite, Apt. #, etc. Suite, Apt. #, etc. 03022004 CR2E037 (10/03) Chg-NP FEI Number 59-1990866 Applied For Not Applicable Country D.F Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWSOME, JOHN Street Address (P.O. Box Number is Not Acceptable) 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414 Zip Code FL 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 . DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be П Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Fresident Gaye Scarpa DVP Addition **X**Delete TITI F Change Change TITLE HAYES, ROY NAME NAME 3612 Aiken Court 12765 W. FOREST HILL BLVD. #1302 STREET ADDRESS STREET ADDRESS Wellington FC 33414 Treuswer Beate Hambster 3755 Fieldview Rd WELLINGTON, FLT 33414 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE GAZZOLA, MARIO NAME NAME 600 MADISON AVE STREET ADDRESS STREET ADDRESS vellington FC 3341 NEW YORK, NY 10022 CITY-ST-ZIP C/TY-ST-ZIP Belete TITLE ☐ Change Addition TITLE HATT Fireston

sad stend GALEE, CRAIG NAME NAME STREET ADDRESS STREET ADDRESS 11809 POLO CLUB RD 3*5*90 CITY-ST-ZIP CITY-ST-7/P W. PALM BCH, FL 334147269 D Delete TITLE ☐ Change ■ Addition TITLE NAME STRAUB, GLENN NAME 11809 POLO CLUB RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BCH, FL 334147269 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

NAME

TITLE

Delete

STREET ADDRESS

CITY-ST-ZIP

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:

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

SPANO, SAL

D

11809 POLO CLUB RD

W. PALM BCH, FL 334147269

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING DEACER OR DIRECTOR

Date

3175 Santa Barbara Ir

Daytime Phone #

☐ Change

Addition