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APPROVED AND FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 750818 (7) 130.00

1. Corporation Name
POLO ISLAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

5295 TOWN CTR RD STE 200 BOCA RATON FL 33486

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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **01/29/1980** 3a. Date of Last Report **02/15/1994**

4. FEI Number **50-1970804** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K
% LANG MANAGEMENT COMPANY INC
5295 TOWN CTR RD STE 200
BOCA RATON FL 33486

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE	PD
NAME	WHEELER, KENNETH
STREET ADDRESS	2735 POLO ISLAND K-104
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VD
NAME	BANE, DAVID
STREET ADDRESS	2835 POLO ISLAND H-103
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D
NAME	LONG, GEORGE
STREET ADDRESS	2770 POLO ISLAND B-202
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D
NAME	DMACK, DOUG
STREET ADDRESS	2810 POLO ISLAND, 202C
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	STD
NAME	LACY, ROBERT
STREET ADDRESS	2835 POLO ISLAND, H104
CITY-ST-ZIP	WEST PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Judy Greene
3.3 STREET ADDRESS	2835 Polo Island dr. H101
3.4 CITY-ST-ZIP	WPD, FL 33414
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Colin Baenziger
4.3 STREET ADDRESS	2730 Polo Island dr. A202
4.4 CITY-ST-ZIP	WPD, FL 33414
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S/D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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: Kenneth D. Wheeler 3/16/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #