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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 750818

1. Corporation Name

POLO ISLAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5295 TOWN CTR RD STE 200
 BOCA RATON FL 33486

Mailing Address

5295 TOWN CTR RD STE 200
 BOCA RATON FL 33486



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/29/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1970904

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

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

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 PD DELETE

NAME WHEELER, KENNETH
 STREET ADDRESS 2735 POLO ISLAND K-104
 CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE Change Addition

TITLE VD DELETE

NAME BANE, DAVID
 STREET ADDRESS 2835 POLO ISLAND H-103
 CITY-ST-ZIP WEST PALM BEACH FL

2.1 TITLE Change Addition

TITLE DST DELETE

NAME GREENE, JUDY
 STREET ADDRESS 2312 GOLFBROOK DR
 CITY-ST-ZIP WEST PALM BEACH FL 33414

3.1 TITLE Change Addition

TITLE D DELETE

NAME GREENE, JAMES
 STREET ADDRESS 2312 GOLFBROOK DR
 CITY-ST-ZIP WEST PALM BEACH FL

4.1 TITLE Change Addition

TITLE D DELETE

NAME SMITH, HAZEL
 STREET ADDRESS 2730 POLO ISLAND DR #A103
 CITY-ST-ZIP WELLINGTON FL 33414

5.1 TITLE Change Addition

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

Secretary/treasurer
 Smith, Hazel
 2730 Polo Island Dr. A103
 Wellington, FL

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth G. Wheeler KENNETH G. WHEELER

561-750-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)