

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90786 013 ****70.00

DOCUMENT # 750818

1. Entity Name

POLO ISLAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

21045 COMMERCIAL TRL
 BOCA RATON FL 33486

21045 COMMERCIAL TRL
 BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1970904

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM K. ISAACSON ,
 % LANG MANAGEMENT COMPANY INC
 21045 COMMERCIAL TRAIL
 BOCA RATON FL 33486**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WHEELER, KENNETH	
STREET ADDRESS	2735 POLO ISLAND K-104	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BANE, DAVID	
STREET ADDRESS	2835 POLO ISLAND H-103	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENE, JAMES	
STREET ADDRESS	2835 POLO ISLAND DR. H-101	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SMITH, HAZEL	
STREET ADDRESS	2730 POLO ISLAND DR #A103	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAKAS, JORDAN	
STREET ADDRESS	2835 POLO ISLAND DR. H-102	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNDA FARRINGTON	
STREET ADDRESS	2735 POLO ISLAND DR # K202	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Kenneth N. Wheeler

Feb. 6, 2002

788-5580

CR2E037 (9/01)