



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90175 006 ****61.25

DOCUMENT # 750818			
1. Entity Name POLO ISLAND CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 21045 COMMERSIAL TRL BOCA RATON, FL 33486		Mailing Address 21045 COMMERSIAL TRL BOCA RATON, FL 33486	
2. Principal Place of Business 3461-B Fairlane Farms Suite, Apt. #, etc.		3. Mailing Address 3461-B Fairlane Farms Rd Suite, Apt. #, etc.	
City & State Wellington FL		City & State Wellington FL	
Zip 33414		Country USA	
Zip 33414		Country USA	
6. Name and Address of Current Registered Agent WILLIAM K. ISAACSON, % LANG MANAGEMENT COMPANY INC 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name: John Newsome Street Address (P.O. Box Number is Not Acceptable): 3461-B Fairlane Farms Rd City: Wellington FL Zip Code: 33414	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHEELER, KENNETH 2735 POLO ISLAND K-104 WEST PALM BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kim Jacobs <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2730 POLO Island Dr A-104 Wellington FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GREENE, JAMES 2835 POLO ISLAND DR. H-101 WEST PALM BEACH, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jim Robinson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2735 POLO Island Dr K101 Wellington FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRINGTON, LYNDA 2735 POLO ISLAND DR #K202 WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONTA, BILL 2730 POLO ISLAND DR., #A102 WEST PALM BEACH, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice president <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCERLEAN, HENRY 2730 POLO ISLAND DR., #8301 WEST PALM BEACH, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 4/27/05 773-251-4234	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	