


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90408 043 ****61.25

DOCUMENT # 750818

1. Entity Name
POLO ISLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3461 B FAIRLANE FARMS RD
 WEST PALM BEACH, FL 33414**

Mailing Address
**3461 B FAIRLANE FARMS RD
 WEST PALM BEACH, FL 33414**

2. Principal Place of Business
3461-B FAIRLANE FARMS RD
 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

40000000



03132006 Chg-NP CR2E037 (11/05)

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

NEWSOME, JOHN
3461 B FAIRLANE FARMS RD
WEST PALM BEACH, FL 33414

7. Name and Address of New Registered Agent

Name **NEWSOME, JOHN**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, KIM 2730 POLO ISLAND PL A-104 WEST PALM BEACH, FL 33414	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GREENE, JAMES 2835 POLO ISLAND DR. H-101 WEST PALM BEACH, FL 33414	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARRINGTON, LYNDA 2735 POLO ISLAND DR #K202 WELLINGTON, FL 33414	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SONTA, BILL 2730 POLO ISLAND DR. #A102 WEST PALM BEACH, FL 33414	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCERLEAN, HENRY 2730 POLO ISLAND DR. #8301 WEST PALM BEACH, FL 33414	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, JIM 2735 POLO ISLAND PL K-101 WEST PALM BEACH, FL 33414	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jacobs, Kim 2730 Polo Island Dr A-104 Wellington, FL 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wellington, FL 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Wellington, FL 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D 2770 Polo Island Dr B-301 Wellington, FL 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 2735 Polo Island Dr K-101 Wellington, FL 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Henry McErlean*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/11/06 Daytime Phone # 561 798 4936