


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90203 030 ****61.25

DOCUMENT # N04000003936

1. Entity Name
FLAGLER BEACH POLO CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**301 S. CENTRAL AVE.
 FLAGLER BEACH, FL 32136**

Mailing Address
**301 S. CENTRAL AVE.
 FLAGLER BEACH, FL 32136**

40083195

DO NOT WRITE IN THIS SPACE



04162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0521436	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CONNER, TIMOTHY J ATTY
 2 JUNGLE HUT RD STE 1
 PALM COAST, FL 32137**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, RICH 301 S CENTRAL AVE FLAGLER BCH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOKE, THOMAS 500 LAMBERT AVE FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEAN, DONALD 1580 LAMBERT AVE FLAGLER BCH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARRISON, ROBERT 45 AUDUBON LANE FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, THOMAS 5816 JOHN ANDERSON HWY FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULLIGAN, PAUL 2940 OCEANS TRACE DAYTONA BEACH, FL 32118

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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____