2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400003936

FILED Apr 28, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

301 S. CENTRAL AVE. FLAGLER BEACH, FL 32136

Current Mailing Address: New Mailing Address:

301 S. CENTRAL AVE. PO BOX 353187

FLAGLER BEACH, FL 32136 PALM COAST, FL 32135

FEI Number: 51-0521436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHRISTINE AND CHRISTINE, P.A. 28 CORDOVA ST ST AUGUSTINE, FL 32084 US

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:

- Flateric Circular (Davidson | Annal

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Address: 301 S CENTRAL AVE Address: 81 BRIDLE RIDGE CT
City-St-Zip: FLAGLER BCH, FL 32136 City-St-Zip: FLAGLER BCH, FL 32136

Title: D () Delete Title: VP (X) Change () Addition

 Name:
 COOKE, THOMAS
 Name:
 MCGEE, SHAWN

 Address:
 500 LAMBERT AVE
 Address:
 94 TROTTERS LANE

 City-St-Zip:
 FLAGLER BEACH, FL 32136
 City-St-Zip:
 FLAGLER BEACH, FL 32136

Title: VPD () Delete Title: ST (X) Change () Addition

 Name:
 DEAL, DONALD
 Name:
 HARRISON, ROBERT

 Address:
 1580 LAMBERT AVE
 Address:
 45 AUDUBON LANE

 City-St-Zip:
 FLAGLER BCH, FL 32136
 City-St-Zip:
 FLAGLER BCH, FL 32136

Title: ST (X) Delete Title: () Change () Addition

 Name:
 HARRISON, ROBERT
 Name:

 Address:
 45 AUDUBON LANE
 Address:

 City-St-Zip:
 FLAGLER BEACH, FL 32136
 City-St-Zip:

Title: P (X) Delete Title: () Change () Addition

 Name:
 MUCCIOLO, PAUL
 Name:

 Address:
 2940 OCEAN TRACE
 Address:

 City-St-Zip:
 DAYTONA BEACH, FL 32118
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL MUCCIOLO P 04/28/2009