

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 26 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N14498** (2)  
1. Corporation Name  
**POLO ISLAND HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1-OMEGA-MANAGEMENT**  
~~11824 W. FOREST HILL BLVD. # 24~~  
~~W. PALM BEACH FL 33414~~  
**1-OMEGA-MANAGEMENT**  
11824 W. FOREST HILL BLVD. # 24  
W. PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/22/1986** 3a. Date of Last Report **03/16/1994**  
4. FEI Number **59-2697887** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **1/0 DISTINCTIVE HOMES** 26 **1/0 DISTINCTIVE HOMES**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **13857 Wellington Trace #D-1** 27 **13857 Wellington Trace #D1**  
City & State City & State  
23 **Wellington FL** 28 **Wellington FL**  
Zip Country Zip Country  
24 **33414** 25 **P.BCH** 29 **33414** 30 **P.BCH**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WIMMERSHOFF, ALFRED~~  
~~2000 N FLORIDA MANGO RD~~  
~~W PALM BEACH FL 33409~~

81 Name **CHERYL HOSTE 1/0 D. HOMES**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**13857 Wellington Trace #D1**  
83  
84 City **Wellington** FL 85 Zip Code **33414**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **CHERYL HOSTE** *Cheryl Hoste* **2/27/95**  
Signature, typed or printed name of registered agent and title if applicable (NONE. Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P/D</b>
NAME	<b>BUSHEY ROBERT</b>
STREET ADDRESS	<b>2874 POLO ISLAND DR.</b>
CITY - ST - ZIP	<b>W PALM BEACH FL 33414</b>
TITLE	<b>VP/D</b>
NAME	<b>MANIATTY, CONNIE</b>
STREET ADDRESS	<b>2905 POLO ISLAND DR</b>
CITY - ST - ZIP	<b>W PALM BEACH FL 33414</b>
TITLE	<b>ST/D</b>
NAME	<b>AVERSANO JANE</b>
STREET ADDRESS	<b>2885 POLO ISLAND</b>
CITY - ST - ZIP	<b>WPB FL 33414</b>
TITLE	<b>ST</b>
NAME	<b>HOSTE CHERYL</b>
STREET ADDRESS	<b>11924 W. FOREST HILL</b>
CITY - ST - ZIP	<b>W PALM BEACH FL</b>
TITLE	<b>S</b>
NAME	<b>REID, JEANNE</b>
STREET ADDRESS	<b>26 IRONWOOD WAY</b>
CITY - ST - ZIP	<b>PALM BCH GRONS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **CHERYL HOSTE, ASST. Secy** *Cheryl Hoste* **407-793-7266**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime (Home)