

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N14498** (2)

1. Corporation Name
POLO ISLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
~~C/O DISTINCTIVE HOMES 11001 W. FOREST HILL BLVD #247~~ **12765 W. Forest Hill, #1302**
W PALM BEACH FL 33414 US
~~C/O DISTINCTIVE HOMES 40857 WELLINGTON TRACE DR~~
W PALM BEACH FL 33414 US

3. Date Incorporated or Qualified **04/22/1986** 3a. Date of Last Report **04/26/1995**
4. FEI Number **59-2697887** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. **12765 W. Forest Hill #1302** 27. **12765 W. Forest Hill #1302**
23. City & State 28. City & State
24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
HOSTE, CHERYL C/O DIS 40857 WELLINGTON TRACE DR 12765 W. Forest Hill #1302 WELLINGTON FL 33414
10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **CHERYL HOSTE** *Cheryl Hoste* **1-24-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUSHEY ROBERT | 1.2 NAME | |
| STREET ADDRESS | 2874 POLO ISLAND DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANIATTY, CONNIE | 2.2 NAME | |
| STREET ADDRESS | 2905 POLO ISLAND DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AVERSANO JANE | 3.2 NAME | |
| STREET ADDRESS | 2865 POLO ISLAND | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WPB FL | 3.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOSTE CHERYL | 4.2 NAME | |
| STREET ADDRESS | 11001 W. FOREST HILL 12765 W. FOREST HILL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BEACH FL #1302 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 119.07(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 617, 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** *Cheryl Hoste* **1-24-96** **407-793-7266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)