

FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 12765 WEST FOREST HILL # 1302 W PALM BEACH FL 33414 US
C/O DISTINCTIVE HOMES 12765 WEST FOREST HILL # 1302 W PALM BEACH FL 33414 US

3. Date Incorporated or Qualified 04/22/1986
3a. Date of Last Report 02/09/1996

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

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

9. Name and Address of Current Registered Agent
~~HOSTE, CHERYL C/O DIS~~
12765 WEST FOREST HILL # 1302 WELLINGTON FL 33414

10. Name and Address of New Registered Agent
81 Name Michael Nelson
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 *Michael Nelson* 4/22/97
(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	MANIATY, 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	12765 WEST FOREST HILL, # 1302	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	AS Michael Nelson
STREET ADDRESS		5.3 STREET ADDRESS	12765 W Forest Hill Blvd #1302
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Wellington FL 33414
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed or on an attachment with an address.

SIGNATURE: *Michael Nelson* 4/22/97 561-72-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078660

CR2E037 (9/96)