


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14498 (2)**  
1. Corporation Name  
**POLO ISLAND HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>C/O DISTINCTIVE HOMES #1302 12765 WEST FOREST HILL # 1302 W PALM BEACH FL 33414 US</b>	Mailing Address <b>C/O DISTINCTIVE HOMES 12765 WEST FOREST HILL # 1302 W PALM BEACH FL 33414 US</b>
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3. Date Incorporated or Qualified <b>04/22/1986</b>		
4. FEI Number <b>59-2697887</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 <b>12769 W. FOREST HILL</b> Suite, Apt. #, etc. 22 <b>SUITE E</b> City & State 23 <b>WELLINGTON FL</b> Zip 24 <b>33414</b>	2a. Mailing Address 26 <b>12769 W. FOREST HILL</b> Suite, Apt. #, etc. 27 <b>SUITE E</b> City & State 28 <b>WELLINGTON FL</b> Zip 29 <b>33414</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent  
**NELSON, MICHAEL  
12765 WEST FOREST HILL  
# 1302  
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name <b>JOHN HARRIS</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>12769 W. FOREST HILL STE E</b>	
83	
84 City <b>WELLINGTON FL</b>	85 Zip Code <b>33414</b>

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 John Harris **JOHN HARRIS** DATE **2/10/98**

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>BUSHEY ROBERT</b>	
STREET ADDRESS <b>2874 POLO ISLAND DR.</b>	
CITY-ST-ZIP <b>W PALM BEACH FL</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE
NAME <b>MANIATTY, CONNIE</b>	
STREET ADDRESS <b>2905 POLO ISLAND DR</b>	
CITY-ST-ZIP <b>W PALM BEACH FL</b>	
TITLE <b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>NELSON, MICHAEL</b>	
STREET ADDRESS <b>12765 W FOREST HILL BLVD #1302</b>	
CITY-ST-ZIP <b>WELLINGTON FL</b>	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HOSTE CHERYL</b>	
STREET ADDRESS <b>12765 WEST FOREST HILL, # 1302</b>	
CITY-ST-ZIP <b>W PALM BEACH FL</b>	
TITLE <b>SECRETARY</b>	<input type="checkbox"/> DELETE
NAME <b>AVERSANO, JANE</b>	
STREET ADDRESS <b>2865 POLO ISLAND DRIVE</b>	
CITY-ST-ZIP <b>WELLINGTON, FL 33414</b>	
TITLE <b>AT</b>	<input type="checkbox"/> DELETE
NAME <b>HARRIS, JOHN</b>	
STREET ADDRESS <b>12769 W. FOREST HILL STE E</b>	
CITY-ST-ZIP <b>WELLINGTON, FL 33414</b>	

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 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 if changed, or on an attachment with an address.

SIGNATURE: John Harris **JOHN HARRIS** DATE **2/10/98** (561) 790-2092

CR2E037 (10/97)