

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90129 040 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N14498

1. Entity Name

POLO ISLAND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12769 W. FOREST HILL SUITE E WELLINGTON FL 33414 US	12769 W. FOREST HILL SUITE E WELLINGTON FL 33414-4759 US

2. Principal Place of Business	3. Mailing Address
12773 W. FOREST HILL Suite, Apt. #, etc. SUITE 1201 City & State WELLINGTON FL Zip 33414 Country USA	12773 W. FOREST HILL Suite, Apt. #, etc. SUITE 1201 City & State WELLINGTON FL Zip 33414 Country USA

4. FEI Number	Applied For
59-2697887	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

HARRIS, JOHN
 12769 W. FOREST HILL
 SUITE E
 WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name: JOHN HARRIS
 Street Address (P.O. Box Number is Not Acceptable):
 12773 W. FOREST HILL STE 1201
 City: WELLINGTON FL Zip Code: 33414

8. 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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSHEY ROBERT 2874 POLO ISLAND DR. W PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MANIATTY, CONNIE 2905 POLO ISLAND DR W PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AVERSANO, JANE 2864 POLO ISLAND DRIVE WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HARRIS, JOHN 12769 W. FOREST HILL SUITE E WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12773 W. FOREST HILL STE 1201 WELLINGTON FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Harris SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/1/2000 (561) 790-2092 Date Daytime Phone #

CR2E037 (9/99)