

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90017 041 ****61.25

0092140

DOCUMENT # N14498

1. Entity Name

POLO ISLAND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1277 SW FOREST HILL
 STE 1201
 WELLINGTON FL 33414
 US

Mailing Address

1277 SW FOREST HILL
 STE 1201
 WELLINGTON FL 33414
 US

C0006709



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2697887

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, JOHN
 12773 W FOREST HILL STE 1201
 WEST PALM BEACH FL 33414

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUSHEY ROBERT	
STREET ADDRESS	2874 POLO ISLAND DR.	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MANIATTY, CONNIE	
STREET ADDRESS	2905 POLO ISLAND DR	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	AVERSANO, JANE	
STREET ADDRESS	2864 POLO ISLAND DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HARRIS, JOHN	
STREET ADDRESS	12773 W FOREST HILL STE 1201	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

1/6/01 (561)790-2092
 Date Daytime Phone #

CR2E037 (10/00)