

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90018 028 \*\*\*\*61.25

**DOCUMENT # N14498**

1. Entity Name

**POLO ISLAND HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1277 SW FOREST HILL  
 STE 1201  
 WELLINGTON FL 33414  
 US

1277 SW FOREST HILL  
 STE 1201  
 WELLINGTON FL 33414  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2697887**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:** *Jane Aversano* **SECRETARY REQUIRED** *2/19/02* *561-790-3812*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)