

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 15, 2008  
Secretary of State**

DOCUMENT# N14498

Entity Name: POLO ISLAND HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12773 W FOREST HILL  
1201  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

12773 W FOREST HILL  
1201  
WELLINGTON, FL 33414 US

**New Mailing Address:**

FEI Number: 59-2697887      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PDS ( ) Delete  
Name: BUSHEY, ROBERT  
Address: 2874 POLO ISLAND DR.  
City-St-Zip: W PALM BEACH, FL

Title: VPD ( ) Delete  
Name: MANIATTY, CONNIE  
Address: 2905 POLO ISLAND DR  
City-St-Zip: W PALM BEACH, FL

Title: AT ( ) Delete  
Name: HARRIS, JOHN  
Address: 12773 W FOREST HILL STE 1201  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BUSHEY

PDS

07/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date