

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90076 023 ****61.25

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**

2. Principal Place of Business

12773 W Forest Hill
Suite, Apt. #, etc.

3. Mailing Address

12273 W. Forest Hill
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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **PD BUSHEY ROBERT**
STREET ADDRESS **2874 POLO ISLAND DR.**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VPD MANIATTY, CONNIE**
STREET ADDRESS **2905 POLO ISLAND DR**
CITY-ST-ZIP **W.PALM BEACH FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **S AVERSANO, JANE**
STREET ADDRESS **2864 POLO ISLAND DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **AT HARRIS, JOHN**
STREET ADDRESS **12773 W FOREST HILL STE 1201**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: **John Harris** **SIGNATURE REQUIRED**

7-16-03

561-790-2092

CR2E037 (4/03)