

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$325)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34898

(9)

1. Corporation Name

KNIGHTSBRIDGE OF THE POLO CLUB HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

5295 TOWN CENTER RD
SUITE 200
BOCA RATON FL 33486

Mailing Address

5295 TOWN CENTER RD
SUITE 200
BOCA RATON FL 33486

FILED
95 JUL 31 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1989

3a. Date of Last Report

04/22/1994

4. FEI Number

65-0169757

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

☐ **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ISAACSON, WM. K.
C/O LANG MANAGEMENT
5295 TOWN CENTER ROAD
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SLOSSBERG, GARY
STREET ADDRESS 16758 KNIGHTS BRIDGE LN
CITY-ST-ZIP DELRAY BEACH FL

TITLE VD
NAME PFENDLER, RICHARD
STREET ADDRESS 16758 KNIGHTS BRIDGE LN
CITY-ST-ZIP DELRAY BEACH FL

TITLE TD
NAME CURCIO, DALE D.
STREET ADDRESS 16758 KNIGHTS BRIDGE LN
CITY-ST-ZIP DELRAY BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

URBAN, MELVIN
C/O LANG MGMT. 5295 TOWN CTR RD # 200
BOCA RATON FL 33486

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

VOGEL, ARTHUR
C/O LANG 5295 TOWN CTR RD # 200
BOCA RATON FL 33486

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

STD BACH, HOWARD
16922 KNIGHTS BRIDGE LANE
DELRAY BCH FL 33484

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Title