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Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N34898

1. Corporation Name
KNIGHTSBRIDGE OF THE POLO CLUB HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
5295 TOWN CENTER RD SUITE 200 BOCA RATON, FL 33486	5295 TOWN CENTER RD Suite 200 Boca Raton, FL 33486

3. Date Incorporated or Qualified: 10/26/1989

4. FEI Number: 65-0169757 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ISAACSON, WM. K. C/O LANG MANAGEMENT 5295 TOWN CENTER RD BOCA RATON, FL 33486	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P D DELETE	☐ DELETE	1.1 TITLE	P D	☐ Change ☐ Addition
NAME	URBAN, MELVIN C/O LANG MGT		1.2 NAME	URBAN. MELVIN C/O LANG MGT	
STREET ADDRESS	5295 TOWN CENTER RD #200		1.3 STREET ADDRESS	5295 TOWN CENTER RD #200	
CITY-ST-ZIP	BOCA RATON, FL 33486		1.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	TSD DELETE	☐ DELETE	2.1 TITLE	S/T D	☐ Change ☐ Addition
NAME	BACH, HOWARD		2.2 NAME	BACH, HOWARD	
STREET ADDRESS	16922 KNIGHTSBRIDGE LN.		2.3 STREET ADDRESS	16922 KNIGHTSBRIDGE LN	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME			3.2 NAME	AUSFRESSER, LEON C/O LANG MGT	
STREET ADDRESS			3.3 STREET ADDRESS	5295 TOWN CENTER RD #200	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	500002554475 -06/10/98--01042--001 ***61.25	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

6/3

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: MEL URBAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/97)