2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State
02-28-2002 90055 038 ****70.00

DOCUMENT # N34898

1. Entity Name

KNIGHTSBRIDGE OF THE POLO CLUB HOMEOWNERS' ASSOC IATION, INC.

Principal Place of Business	Mailing Address
% LANG MANAGEMENT 2104 COMMERCIAL TRAIL . BOCA RATON FL 33486	% LANG MANAGEMENT 2104 COMMERCIAL TRAIL BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
21045	21045
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAM K. ISAACSON , % LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON FL 33486	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD URBAN, MELVIN 16878 KNIGHTSBRIDGE LN DELRAY BEACH FL 33484	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LEVINSON, ALAN 16926 KNIGHTSBRIDGE LN DELRAY BEACH FL 33484	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BACH, HOWARD 16922 KNIGHTS BRIDGE LANE DELRAY BEACH FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSSELL, LISA 16878 KNIGHTSBRIDGE LN DELRAY BEACH FL 33484	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DIAMOND, ALICE 16862 KNIGHTSBRIDGE LN. DELRAY BEACH, FL 33484	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUBIN, JIM 16822 KNIGHTSBRIDGE LN DELRAY BEACH, FL 33484	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUBIN, JOYCE 16819 KNIGHTSBRIDGE LN. DELRAY BEACH, FL 33484	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: HOWARD BACH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #