2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34898

FILED Aug 08, 2007 Secretary of State

Entity Name: KNIGHTSBRIDGE OF THE POLO CLUB HOMEOWNERS' ASSOCIATION, INC.

LOUIS CAI	DI 411 E00 A/ 040110 041/4 1/1 E111		New Principal Place of Business:	
	PLAN, ESQ., % SACHS, SAX & KLEIN TO ROAD, SUITE 4150 FON, FL 33431			
Current Mailing Address:		New Mailing Ad	New Mailing Address:	
301 YAMA [.]	PLAN, ESQ., % SACHS, SAX & KLEIN TO ROAD, SUITE 4150 TON, FL 33431			
In accordan	65-0169757 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did not Address of Current Registered Agent:	-	() Certificate of Status Desired () ress of New Registered Agent:	
% SACHS, 301 YAMA BOCA RAT The above in the State	LOUIS ESQ. , SAX & KLEIN TO ROAD, SUITE 4150 TON, FL 33431 US named entity submits this statement for the pure of Florida.	rpose of changing its reg	istered office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent		.+	 Date	
OEEICEDS	S AND DIRECTORS:		ANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete BACH, HOWARD 16922 KNIGHTSBRIDGE LANE DELRAY BEACH, FL 33484	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () Delete HOWARD, STANLEY 16915 KNIGHTSBRIDGE LANE DELRAY BEACH, FL 33484	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () Delete CHETKOF, BERNIE 16787 KNIGHTSBRIDGE LANE DELRAY BEACH, FL 33484	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete NIEDERMAN, VIVIAN 16774 KNIGHTSBRIDGE LANE DELRAY BEACH, FL 33484	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete KENT, IRA 16882 KNIGHTSBRIDGE LANE DELRAY BEACH, FL 33484	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: HOWARD BACH P 08/08/2007