2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N34898

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

Current Principal Place of Business:

% GLORIA O. NORTH, P.A.
400 SOUTH DIXIE HIGHWAY, SUITE 323
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6286
BOCA RATON, FL 33427

New Mailing Address:

FEI Number: 65-0169757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORTH, GLORIA O ESQ.
% GLORIA O. NORTH, P.A.
400 SOUTH DIXIE HIGHWAY, SUITE 323
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BACH, HOWARD
Address: 16922 KNIGHTSBRIDGE LANE
City-St-Zip: DELRAY BEACH, FL 33484

Title: VPD ( ) Delete
Name: HOWARD, STANLEY
Address: 16915 KNIGHTSBRIDGE LANE
City-St-Zip: DELRAY BEACH, FL 33484

Title: STD ( ) Delete
Name: CHETKOF, BERNIE
Address: 16787 KNIGHTSBRIDGE LANE
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete
Name: NIEDERMAN, VIVIAN
Address: 16774 KNIGHTSBRIDGE LANE
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete
Name: KENT, IRA
Address: 16882 KNIGHTSBRIDGE LANE
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 PD 04/16/2009

Electronic Signature of Signing Officer or Director — Date