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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001496 (6)**
1. Corporation Name

POLO PARK EAST RO ASSOCIATION, INC.



Principal Place of Business 12500 U.S HIGHWAY 27 NORTH DAVENPORT FL 33837	Mailing Address 12500 U.S HIGHWAY 27 NORTH DAVENPORT FL 33837-9500
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3. Date Incorporated or Qualified 03/15/1996	3a. Date of Last Report
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2. Principal Place of Business 21 12512 U.S. Hwy. 27, North Suite, Apt. #, etc	2a. Mailing Address 26 12512 U.S. Hwy. 27, North Suite, Apt. #, etc.	4. FEI Number 59-3372280	Applied For Not Applicable
22 Davenport, FL 33837 City & State	27 Davenport, FL 33837 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 33837 Zip	24 U.S.A. Country	28 33837 Zip	29 U.S.A. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**BERNSTEIN, DAVID S ESQ
150 SECOND AVENUE NORTH
SUITE 1700
ST. PETERSBURG FL 33701**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	EMERY, RICHARD C <input checked="" type="checkbox"/> DELETE	1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME Elizabeth C. Taggart	
STREET ADDRESS 634 EAST BOULEVARD		1.3 STREET ADDRESS 151 Rita Bee Avenue	
CITY-ST-ZIP DAVENPORT FL 33837		1.4 CITY-ST-ZIP Davenport, FL 33837	
TITLE VD <input checked="" type="checkbox"/> DELETE	TAGGART, ELIZABETH C <input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME Robert N. Noak	
STREET ADDRESS 151 RITA BEE		2.3 STREET ADDRESS 809 East Blvd.	
CITY-ST-ZIP DAVENPORT FL 33837		2.4 CITY-ST-ZIP Davenport, FL 33837	
TITLE SD <input type="checkbox"/> DELETE	GALLELLO, NANCY J <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS 111 DREAMA DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP DAVENPORT FL 33837		3.4 CITY-ST-ZIP	
TITLE TD <input type="checkbox"/> DELETE	NOAK, ROBERT N <input type="checkbox"/> DELETE	4.1 TITLE Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME William A. Bower	
STREET ADDRESS 809 EAST BOULEVARD		4.3 STREET ADDRESS 203 Joanne Drive	
CITY-ST-ZIP DAVENPORT FL 33837		4.4 CITY-ST-ZIP Davenport, FL 33837	
TITLE D <input type="checkbox"/> DELETE	SWARTZ, WILLIAM A <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS 127 DREAMA DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP DAVENPORT FL 33837		5.4 CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> DELETE	CHAMNESS, FRED L <input checked="" type="checkbox"/> DELETE	6.1 TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME Richard C. Emery	
STREET ADDRESS 754 EAST BOULEVARD		6.3 STREET ADDRESS 634 East Blvd.	
CITY-ST-ZIP DAVENPORT FL 33837		6.4 CITY-ST-ZIP Davenport, FL 33837	

14. I do 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 on an attachment with an address.

SIGNATURE: *Elizabeth C. Taggart Pres.* April 14, 1997 941-424-6932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063565

CR2E037 (9/96)