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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.
22 City & State 23 Davenport, FL 33837	27 City & State 28 Davenport, FL 33837
24 Zip 33837	25 Country U.S.A.
29 Zip 33837	30 Country U.S.A.

4. FEI Number 59-3372280	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BERNSTEIN, DAVID S ESQ
150 SECOND AVENUE NORTH
SUITE 1700
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EMERY, RICHARD C	
STREET ADDRESS	634 EAST BOULEVARD	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TAGGART, ELIZABETH C	
STREET ADDRESS	151 RITA BEE	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GALLELLO, NANCY J	
STREET ADDRESS	111 DREAMA DRIVE	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NOAK, ROBERT N	
STREET ADDRESS	809 EAST BOULEVARD	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWARTZ, WILLIAM A	
STREET ADDRESS	127 DREAMA DRIVE	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAMNESS, FRED L	
STREET ADDRESS	754 EAST BOULEVARD	
CITY-ST-ZIP	DAVENPORT FL 33837	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elizabeth C. Taggart	
1.3 STREET ADDRESS	151 Rita Bee Avenue	
1.4 CITY-ST-ZIP	Davenport, FL 33837	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert N. Noak	
2.3 STREET ADDRESS	809 East Blvd.	
2.4 CITY-ST-ZIP	Davenport, FL 33837	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William A. Bower	
4.3 STREET ADDRESS	203 Joanne Drive	
4.4 CITY-ST-ZIP	Davenport, FL 33837	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Richard C. Emery	
6.3 STREET ADDRESS	634 East Blvd.	
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)