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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001496

1. Corporation Name
POLO PARK EAST RO ASSOCIATION, INC.

244883 - 90001 - 10

Principal Place of Business 12512 US HWY 27 NORTH DAVENPORT FL 33837 US	Mailing Address 12512 US HWY 27 NORTH DAVENPORT FL 33837 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 03/15/1996	4. FEI Number 59-3372280	Applied For 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		

9. Name and Address of Current Registered Agent

TEMPLE, EUGENE L
 352 DREAMA DRIVE
 DAVENPORT FL 33837

10. Name and Address of New Registered Agent

81 Name *Patricia Shea*
 82 Street Address (P.O. Box Number is Not Acceptable)
747 East Blvd.
 83 *Davenport*
 84 City *Davenport* FL 85 Zip Code *33837*

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 *Patricia Shea* *Pres.* DATE *Jan 28, 1999*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<i>PRESIDENT</i>	<input checked="" type="checkbox"/> DELETE
NAME	TEMPLE, EUGENE L	
STREET ADDRESS	329 DREAMAQ DR.	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	AKACKI, ANNE	
STREET ADDRESS	669 DREAMA DR.	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BOWER, WILLIAM	
STREET ADDRESS	203 JOANNE DR.	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHEA, PATRICIA	
STREET ADDRESS	747 EAST BLVD.	
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	EMERY, RICHARD C	
STREET ADDRESS	634 EAST BLVD	
CITY-ST-ZIP	DAVENPORT FL 33837	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>PRESIDENT</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>PATRICIA SHEA</i>	
1.3 STREET ADDRESS	<i>747 EAST BLVD</i>	
1.4 CITY-ST-ZIP	<i>DAVENPORT FL 33837</i>	
2.1 TITLE	<i>WILLIAM NESTEL - VP.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>242 JOANNE DR.</i>	
2.3 STREET ADDRESS	<i>DAVENPORT, FL 33837</i>	
2.4 CITY-ST-ZIP	<i>DAVENPORT, FL 33837</i>	
3.1 TITLE	<i>ANNE AKACKI - SECRETARY</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>669 DREAMA DR</i>	
3.3 STREET ADDRESS	<i>DAVENPORT FL 33837</i>	
3.4 CITY-ST-ZIP	<i>DAVENPORT FL 33837</i>	
4.1 TITLE	<i>RAY WHITE - TREASURER</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>214 SUE AVE</i>	
4.3 STREET ADDRESS	<i>DAVENPORT FL 33837</i>	
4.4 CITY-ST-ZIP	<i>DAVENPORT FL 33837</i>	
5.1 TITLE	<i>WILLIAM SWARTZ, Director</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>127 DREAMA DR</i>	
5.3 STREET ADDRESS	<i>DAVENPORT FL 33837</i>	
5.4 CITY-ST-ZIP	<i>DAVENPORT FL 33837</i>	
6.1 TITLE	<i>DICK DALBYMPLE, Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<i>848 EAST BLVD</i>	
6.3 STREET ADDRESS	<i>DAVENPORT FL 33837</i>	
6.4 CITY-ST-ZIP	<i>DAVENPORT FL 33837</i>	

14. 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 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, with all other like empowered.

SIGNATURE: *Patricia Shea* SIGNATURE REQUIRED *1/28/99 (941) 424-*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE037 (11/98)

244083-70001-10
N96020001496

Officers

President *Change*
Patricia Shea
747 East Blvd.
Davenport, FL 33837

Vice President *addition*
William Nestel
242 Joanne Drive
Davenport, FL 33837

Secretary *Change*
Anne Akacki
669 Dreama Dr.
Davenport, FL 33837

Treasurer *addition*
Raymond White
214 Sue Ave.
Davenport, FL 33837

Director *Same*
William Swartz
127 Dreama Dr.
Davenport, FL 33837

Director *addition*
Richard Dalrymple
848 East Blvd.
Davenport, FL 33837

Director *Same*
John Bedell
200 Patricia Place
Davenport, FL 33836

Director *addition*
Richard Bracken
202 Joanne Drive
Davenport, FL 33837

Director *Same*
Anthony Crisanti
362 Joanne Drive
Davenport, FL 33837

