

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001496

1. Entity Name

POLO PARK EAST RO ASSOCIATION, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90003 014 \*\*\*\*61.25

Principal Place of Business 12512 US HWY 27 NORTH DAVENPORT FL 33837 US	Mailing Address 12512 US HWY 27 NORTH DAVENPORT FL 33837-7501 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3372280</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEA, PATRICIA  
 747 EAST BLVD.  
 DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name: **NORMAND BOURASSA**

Street Address (P.O. Box Number is Not Acceptable):  
**602 EAST BLVD**

City: **DAVENPORT** FL Zip Code: **33837**

8. 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: *[Handwritten Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

DATE: **4/9/00**  
DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE: <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>SHEA, PATRICIA</b>	
STREET ADDRESS: <b>747 EAST BLVD.</b>	
CITY-ST-ZIP: <b>DAVENPORT FL 33837</b>	
TITLE: <b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>NESTE, WILLIAM</b>	
STREET ADDRESS: <b>242 JOANNE DRIVE</b>	
CITY-ST-ZIP: <b>DAVENPORT FL 33837</b>	
TITLE: <b>S</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>AKACKI, ANNE</b>	
STREET ADDRESS: <b>668 DREAMA DRIVE</b>	
CITY-ST-ZIP: <b>DAVENPORT FL 33837</b>	
TITLE: <b>T</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>WHITE, RAY</b>	
STREET ADDRESS: <b>214 SUE AVENUE</b>	
CITY-ST-ZIP: <b>DAVENPORT FL 33837</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>SWARTZ, WILLIAM A</b>	
STREET ADDRESS: <b>127 DREAMA DRIVE</b>	
CITY-ST-ZIP: <b>DAVENPORT FL 33837</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>DALRYMPLE, DICK</b>	
STREET ADDRESS: <b>848 EAST BLVD.</b>	
CITY-ST-ZIP: <b>DAVENPORT FL 33837</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>NORMAND BOURASSA</b>	
STREET ADDRESS: <b>602 East Blvd</b>	
CITY-ST-ZIP: <b>DAVENPORT, FL 33837</b>	
TITLE: <b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>KENNETH WELLENS</b>	
STREET ADDRESS: <b>128 DREAMA DR</b>	
CITY-ST-ZIP: <b>DAVENPORT FL 33837</b>	
TITLE: <b>DR. RICHARD DALRYMPLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SECRETARY</b>	
STREET ADDRESS: <b>548 EAST BLVD</b>	
CITY-ST-ZIP: <b>DAVENPORT, FL 33837</b>	
TITLE: <b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>GEORGE MARIARTY</b>	
STREET ADDRESS: <b>252 Rita Bee Av</b>	
CITY-ST-ZIP: <b>DAVENPORT, FL 33837</b>	
TITLE: <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>William Swartz</b>	
STREET ADDRESS: <b>127 DREAMA DR.</b>	
CITY-ST-ZIP: <b>DAVENPORT FL 33837</b>	
TITLE: <b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>JOHN BODELL</b>	
STREET ADDRESS: <b>200 PATRICIA PLAZA</b>	
CITY-ST-ZIP: <b>DAVENPORT FL 33837</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.09(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4/9/00**  
DATE

Daytime Phone #

CR2E037 (9/99)