

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90614 025 ****61.25

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DOCUMENT # N96000001496
 1. Entity Name
POLO PARK EAST RO ASSOCIATION, INC.

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 525 POLO PARK EAST BLVD Suite, Apt. #, etc.	3. Mailing Address 525 POLO PARK EAST BLVD Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State DAVENPORT, FL	City & State DAVENPORT, FL	4. FEI Number 59-3372280	Applied For <input type="checkbox"/> Not Applicable
Zip 33897	Country U.S.	Zip 33897	Country U.S.

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEMPLE, EUGENE 352 DREAMA DR DAVENPORT FL 33837	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Eugene L. Temple DATE March 18, 02

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete TEMPLE, EUGENE 128 DREAMA DR DAVENPORT FL 33837	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TEMPLE, EUGENE 352 DREAMA DR. DAVENPORT, FL 33897
TITLE VP	<input checked="" type="checkbox"/> Delete SHEA, PATRICIA 352 DREAMA DR DAVENPORT FL 33837	TITLE V. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BEDELL, JOHN 200 PATRICIA PL. DAVENPORT, FL 33897
TITLE S	<input type="checkbox"/> Delete DALRYMPLE, RICHARD DR 848 EAST BLVD DAVENPORT FL 33837	TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DALRYMPLE, RICHARD DR. 848 EAST BLVD. DAVENPORT, FL 33897
TITLE T	<input checked="" type="checkbox"/> Delete BOWER, WILLIAM 203 JOANNE DR DAVENPORT FL 33837	TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WOLF, FRANK 225 JOANNE DR DAVENPORT, FL 33897
TITLE D	<input checked="" type="checkbox"/> Delete MORITARTY, GEORGE 252 RITA BEE ACE DAVENPORT FL 33837	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BAKER, JIM 254 SUE AVE DAVENPORT, FL 33897
TITLE D	<input type="checkbox"/> Delete TAGGART, ELIZABETH 151 RITA BEE AVE DAVENPORT FL 33837	TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TAGGART, ELIZABETH 151 RITA BEE AVE DAVENPORT, FL 33897

12. 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 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: Eugene L. Temple DATE March 18, 02 DAYTIME PHONE # 424-6932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)