


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90016 033 \*\*\*\*61.25

**DOCUMENT # N9600001496**  
 1. Entity Name  
**POLO PARK EAST RO ASSOCIATION, INC.**




Principal Place of Business: **2180 WEST SR. 434, SUITE 5000 LONGWOOD FL 32779-5044 US**  
 Mailing Address: **2180 WEST SR. 434, SUITE 5000 LONGWOOD FL 32779-5044 US**

2. Principal Place of Business: **525 Polo Park East Blvd**  
 Suite, Apt. #, etc.  
 3. Mailing Address: **525 Polo Park East Blvd**  
 Suite, Apt. #, etc.

City & State: **Davenport, FL**  
 Zip: **33897** Country: **US**  
 City & State: **Davenport, FL**  
 Zip: **33897** Country: **U.S.**

4. FEI Number: **59-3372280**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  - **\$8.75 Additional Fee Required**

MOORE CR2E037 (4/04)



6. Name and Address of Current Registered Agent  
**NESTEL, WILLIAM**  
**POLO PARK EAST RD**  
**525 POLO PARK EAST RO INC**  
**DAVENPORT FL 33897**

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: *William Nestel* DATE: **7-29-04**  
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**  
**Due By September 8, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: PD	NAME: NESTEL, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS: 125 DARLENE CT	CITY-ST-ZIP: DAVENPORT FL 33897	
TITLE: D	NAME: BEDELL, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 200 PATRICIA PL	CITY-ST-ZIP: DAVENPORT FL 33897	
TITLE: VD	NAME: SHEA, PATRICIA	<input type="checkbox"/> Delete
STREET ADDRESS: 747 EAST BLVD	CITY-ST-ZIP: DAVENPORT FL 33897	
TITLE: VD	NAME: WELLENS, KENNETH G	<input type="checkbox"/> Delete
STREET ADDRESS: 128 DREAMA DRIVE	CITY-ST-ZIP: DAVENPORT FL 33897	
TITLE: D	NAME: BAKER, JIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 254 SUE AVE	CITY-ST-ZIP: DAVENPORT FL 33897	
TITLE: D	NAME: TAGGART, ELIZABETH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 151 RITA BEE AVE	CITY-ST-ZIP: DAVENPORT FL 33897	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D	NAME: BARBARA TAYLOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 341 SUE AVE.	CITY-ST-ZIP: DAVENPORT, FL 33897	
TITLE: D	NAME: BONNIE MELLOW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 141 DARLENE CT.	CITY-ST-ZIP: DAVENPORT, FL 33897	
TITLE: D	NAME: AL SNYDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 841 POLO PARK EAST BLVD.	CITY-ST-ZIP: DAVENPORT, FL 33897	
TITLE: D	NAME: KATHY KALLBERG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 204 RITA BEE AVE	CITY-ST-ZIP: DAVENPORT, FL 33897	
TITLE: D	NAME: HAROLD HAWKINS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 301 SUE AVE	CITY-ST-ZIP: DAVENPORT, FL 33897	
TITLE: D	NAME: FRANK DERBYSHIRE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 610 POLO PARK EAST BLVD	CITY-ST-ZIP: 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: *William Nestel* DATE: **7-29-04** DAYTIME PHONE: **863-424-6932**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR