


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

01-31-2005 90046 050 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66003606

DOCUMENT # N96000001496			
1. Entity Name POLO PARK EAST RO ASSOCIATION, INC.			
Principal Place of Business 525 POLO PARK EAST BLVD DAVENPORT FL 33897 US		Mailing Address 525 POLO PARK EAST BLVD DAVENPORT FL 33897 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number 59-3372280		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 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		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NESTEL, WILLIAM	NAME	Kathy Kall Berg
STREET ADDRESS	125 DARLENE CT	STREET ADDRESS	558 DREAMA DR
CITY-ST-ZIP	DAVENPORT FL 33897	CITY-ST-ZIP	DAVENPORT FL
	PRESIDENT		DIRECTOR
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELLOW, BONNIE	NAME	TED GRIFFITH
STREET ADDRESS	141 DARLENE CT	STREET ADDRESS	333 SUE AVE
CITY-ST-ZIP	DAVENPORT FL 33897	CITY-ST-ZIP	DAVENPORT, FL 33897
			DIRECTOR
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEA, PATRICIA	NAME	ROBERT TURNBULL
STREET ADDRESS	747 EAST BLVD	STREET ADDRESS	130 JOANNE DR
CITY-ST-ZIP	DAVENPORT, FL 33897	CITY-ST-ZIP	DAVENPORT, FL 33897
			DIRECTOR
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELLENS, KENNETH G	NAME	WILLIAM BOWER
STREET ADDRESS	128 DREAMA DRIVE	STREET ADDRESS	203 JOANNE DR
CITY-ST-ZIP	DAVENPORT FL 33897	CITY-ST-ZIP	DAVENPORT FL 33897
	SECRETARY		TREASURER
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, HAROLD	NAME	Barb Taylor
STREET ADDRESS	301 SUE AVE	STREET ADDRESS	341 SUE AVE
CITY-ST-ZIP	DAVENPORT FL 33897	CITY-ST-ZIP	DAVENPORT FL
	DIRECTOR		DIRECTOR
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERBYSHIRE, FRANK	NAME	AL SNYDER
STREET ADDRESS	610 POLO PARK EAST BLVD	STREET ADDRESS	841 POLOPARK BLVD
CITY-ST-ZIP	DAVENPORT FL 33897	CITY-ST-ZIP	DAVENPORT FL
	VICE PRESIDENT		DIRECTOR
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>William Nestel</u>		WILLIAM NESTEL 863 424 6932	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	