


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90012 039 ****70.00

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



Principal Place of Business Mailing Address
525 POLO PARK EAST BLVD **525 POLO PARK EAST BLVD**
DAVENPORT FL 33897 **DAVENPORT FL 33897**
US **US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

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 William Nestel - President 1/30/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	<input type="checkbox"/> Delete
NAME	NESTEL, WILLIAM	
STREET ADDRESS	125 DARLENE CT	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KALLBFRY, KATHY	
STREET ADDRESS	558 DREAMA DR.	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFITH, TED	
STREET ADDRESS	333 SUE AVE.	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	S	<input type="checkbox"/> Delete
NAME	WELLENS, KENNETH G	
STREET ADDRESS	128 DREAMA DRIVE	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWKINS, HAROLD	
STREET ADDRESS	301 SUE AVE	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DERBYSHIRE, FRANK	
STREET ADDRESS	610 POLO PARK EAST BLVD	
CITY-ST-ZIP	DAVENPORT FL 33897	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Taylor	
STREET ADDRESS	341 SUE AVE	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shea, Patricia	
STREET ADDRESS	749 Polo Park East Blvd.	
CITY-ST-ZIP	DAVENPORT, FL. 33897	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Turnbull	
STREET ADDRESS	130 Joanne Dr.	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albert Snyder	
STREET ADDRESS	841 Polo Park East Blvd.	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 WILLIAM NESTEL 1/30/06 813-424-6932