

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 19, 2009  
Secretary of State

DOCUMENT# N96000001496

Entity Name: POLO PARK EAST RO ASSOCIATION, INC.

**Current Principal Place of Business:**

525 POLO PARK EAST BLVD  
DAVENPORT, FL 33897 US

**New Principal Place of Business:**

**Current Mailing Address:**

525 POLO PARK EAST BLVD  
DAVENPORT, FL 33897 US

**New Mailing Address:**

FEI Number: 59-3372280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAWKINS, HAROLD E  
POLO PARK EAST RD  
525 POLO PARK EAST RO INC  
DAVENPORT, FL 33897 US

**Name and Address of New Registered Agent:**

HAWKINS, HAROLD E  
POLO PARK EAST BLVD.  
525 POLO PARK EAST RO INC  
DAVENPORT, FL 33897 US

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:

01/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NESTEL, WILLIAM  
Address: 125 DARLENE CT  
City-St-Zip: DAVENPORT, FL 33897

Title: D ( ) Delete  
Name: LUKITCH, MARGARET  
Address: 123 JOANNE DR  
City-St-Zip: DAVENPORT, FL 33897

Title: D ( ) Delete  
Name: TAYLOR, BARBARA  
Address: 341 SUE AVE  
City-St-Zip: DAVENPORT, FL 33897

Title: S ( ) Delete  
Name: WELLENS, KENNETH G  
Address: 128 DREAMA DRIVE  
City-St-Zip: DAVENPORT, FL 33897

Title: D ( ) Delete  
Name: HAWKINS, HAROLD  
Address: 301 SUE AVE  
City-St-Zip: DAVENPORT, FL 33897

Title: V ( ) Delete  
Name: DERBYSHIRE, FRANK  
Address: 610 POLO PARK EAST BLVD  
City-St-Zip: DAVENPORT, FL 33897

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: TURNBULL, ROBERT  
Address: 130 JOANNE DR.  
City-St-Zip: DAVENPORT, FL 33897

Title: T (X) Change ( ) Addition  
Name: BOWER, WILLIAM  
Address: 203 JOANNE  
City-St-Zip: DAVENPORT, FL 33897

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD E. HAWKINS

D

01/19/2009

Electronic Signature of Signing Officer or Director

Date