


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90211 016 \*\*\*\*61.25

**DOCUMENT # N96000001496**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3372280**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 500  
LONGWOOD FL 32779**

**7. Name and Address of New Registered Agent**

Name: **WILLIAM NESTEL**

Street Address (P.O. Box Number is Not Acceptable)  
**POLO PARK EAST RD  
525 POLO PARK EAST RO INC**

City **DAVENPORT FL.** FL Zip Code **33897**

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 **4-9-03**

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

**FILE NOW: FEE IS \$61.25**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>TEMPLE, EUGENE<br/>352 DREAMA DR<br/>DAVENPORT FL 33897</b>        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>BEDELL, JOHN<br/>200 PATRICIA PL<br/>DAVENPORT FL 33897</b>       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>DALRYMPLE, RICHARD DR<br/>848 EAST BLVD<br/>DAVENPORT FL 33897</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>XX D<br/>WOLF, FRANK<br/>225 JOANNE DR<br/>DAVENPORT FL 33897</b>        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BAKER, JIM<br/>254 SUE AVE<br/>DAVENPORT FL 33897</b>              | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>TAGGART, ELIZABETH<br/>151 RITA BEE AVE<br/>DAVENPORT FL 33897</b> | <input checked="" type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P/D<br/>NESTEL, WILLIAM<br/>125 DARLENE COURT<br/>DAVENPORT, FL 33897</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V/D<br/>SHEA, PATRICIA<br/>747 EAST BLVD.<br/>DAVENPORT, FL 33897</b>        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S/D<br/>WELLENS, KENNETH G.<br/>128 DREAMA DRIVE<br/>DAVENPORT, FL 33897</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>I.<br/>BOWER, WILLIAM A.<br/>203 JOANNE DRIVE<br/>DAVENPORT, FL 33897</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>KALLBERG, KEN<br/>558 DREAMA DRIVE<br/>DAVENPORT, FL 33897</b>         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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* President 3/12/03 863 9531

CR2E037 (10/02)

Attachment

70038385  
N96000001496

POLO PARK EAST RO ASSOCIATION, INC.

DOCUMENT #N96000001496

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DIRECTORS CONTINUED:

D

MELLOW, BONNIE  
141 DARLENE COURT  
DAVENPORT, FL 33897

D

TAYLOR, BARBARA  
~~12512-US-HWY-24-N~~  
DAVENPORT, FL 33897