SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $195 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $200)

NONPROFIT CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:15

DOCUMENT # N20322 (6)

1. Corporation Name

CATALINA AT THE POLO CLUB CONDOMINIUM ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
951 BROKEN SOUND PKWY. 250 BOCA RATON FL 33487	951 BROKEN SOUND PKWY. 250 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/24/1987**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2803420** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MESSINGER, JOEL
COMMUNITY ASSOCIATION SERVICE
951 BROKEN SOUND BLVD.
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DP~~ D	11 TITLE	☑ Change ☐ Addition
NAME	~~YATES, RONALD S.~~ Janet Richmond	12 NAME	
STREET ADDRESS	~~5030 CHAMPION BLVD.~~ 5160 D Lake Catalina	13 STREET ADDRESS	
CITY ST ZIP	~~BOCA RATON FL 33496~~ Boca Raton, FL	14 CITY ST ZIP	
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	SEYMOUR, LINK	22 NAME	
STREET ADDRESS	5148-B LAKE CATALINA DR	23 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	~~MARK GOLD~~ Robert Gottlenker	32 NAME	
STREET ADDRESS	~~5106-D LAKE CATALINA DR~~ 5082 A Lake Cat	33 STREET ADDRESS	
CITY ST ZIP	~~BOCA RATON FL 33496~~ Boca	34 CITY ST ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	DAVID WEISBERGER	42 NAME	
STREET ADDRESS	5171 A LAKE CATALINA DR.	43 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL 33496	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, PHIL	52 NAME	
STREET ADDRESS	5112-A LAKE CATALINA DR	53 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ROSE LEONARD D.,	62 NAME	
STREET ADDRESS	5094-B LAKE CATALINA DR.	63 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL 33496	64 CITY ST ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/10/95 407-994-1788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000740