

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -3 AM 9:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N31005

(4)

1. Corporation Name

ROYAL HIDDEN COVE AT THE POLO CLUB HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 6286
 SUITE 200A
 BOCA RATON FL 33427
 US

P.O. BOX 6286
 SUITE 200A
 BOCA RATON FL 33427
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.76 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 information tax under s. 191.032
 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

25 Suite, Apt. #, etc

22 City & State

26 City & State

23 Zip

24 Country

27 Zip

28 Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CELAURO, SAL, SR.
 16660 SENTERRA DRIVE
 DELRAY BEACH, 33484**

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 this appointment as registered agent. I am familiar with and accept the obligations of Section 617.0603, Florida Statutes.

SIGNATURE

Signature (Typed or Printed Name of Registered Agent and the Corporation)

Signature (Typed or Printed Name of Registered Agent and the Corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
 NAME **FRIEDMAN, DAVID**
 STREET ADDRESS **16690 SENTERRA DRIVE**
 CITY, ST, ZIP **DELRAY BEACH FL**

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY, ST, ZIP

TITLE **VD**
 NAME **CELAURO, SAL**
 STREET ADDRESS **16660 SENTERRA DRIVE**
 CITY, ST, ZIP **DELRAY BEACH FL**

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY, ST, ZIP

D/S/T/VP
BILL KUNTZ
902 CLINT MOORE #120
BOCA RATON FL 33487

TITLE **SD**
 NAME **SWARTZ, HERMAN**
 STREET ADDRESS **16730 SENTERRA DRIVE**
 CITY, ST, ZIP **DELRAY BEACH FL**

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY, ST, ZIP

D/VP
DAVID HARVEY
902 CLINT MOORE #120
BOCA RATON FL 33487

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY, ST, ZIP

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(1)(b), 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 on Block 12 or 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

CR2E037 (3/95)